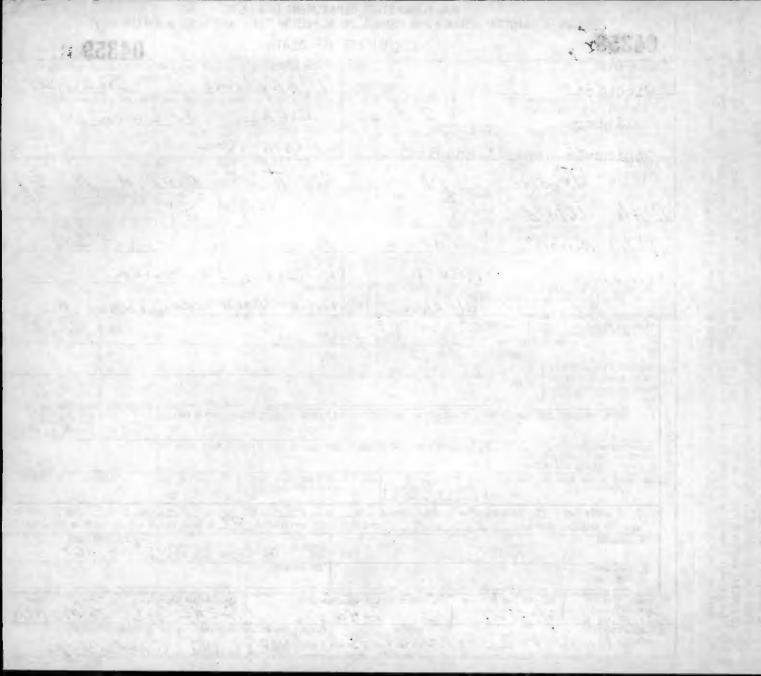
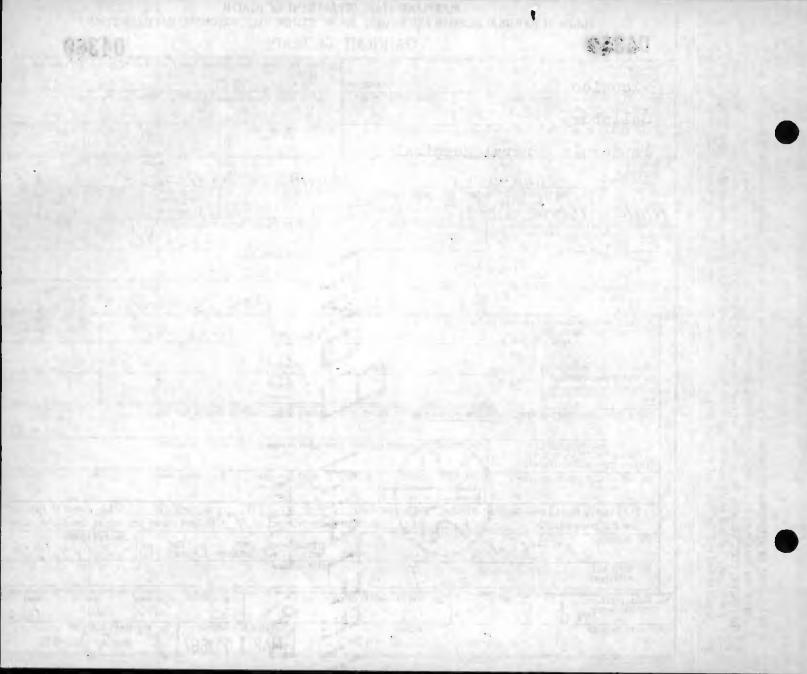
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by the fu Poges ours afte		write RURAL and give nearest town)	DEAL ISLANZ	19-2
hou hou		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE
24 in per in 72			MAIN ROAD	ON A FARM?
filled in papers.		Poninsula General Hospital NAME OF First Middle	lost / 4. DATE Month	Doy Year
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physician physician ien please oval, and	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ing phy Then remova	1 4	WILLIAM C. HBBOTT	VIRGINIA WEBSTER	
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ne death certific attending phys permit. Then p ion, ar removal,	fr.	(If yes give wor or dotes of service)	ALGIE ABBOTT DEAL ISLA.	NO MO
requires that the death certificate be executed within 24 hours aft physician. signed by the attending physician and completely filled in by the buriol-transit permit. Then please remove carbon papers. Pages burial, cremation, or removal, and nagor event, within 72 hours aft		18. CAUSE OF DEATH (Enter only one cause per line fos(o), (b), and (c).		INTERVAL BETWEEN
that the an. by the ransit p		PART I. DEATH WAS CAUSED BY:	a,	PONSET AND DEATH
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rires rich riol- rial,		Conditions, if ony, which gove ) (b)		
ph sig bur bur		rise to immediate couse (a), ( DUIS TO		
- 양 등 후 모		stoting the underlying couse (c)		
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Z 0 5 - 8	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (	(Enter noture of injury in Port I or Part II of item 18.)	112 110 12
= 2 # T	E	OR CONTRIBUTING CI CAUSE OF DEATH	fellow living or sulpry at 1011 or 1011 at 1011 at 101)	
PHYSICIA the hospital this certifica detached to e Dept. of Hi		(IF EITHER, NOTIFY MEDICAL EXAMINER)  20k, TIME OF INHIRY Month, Day, Year 20d, INJURY OCCURRED 20e, PLAC	CE OF INJURY/(Home, farm,   20f. (City or town) / (Co	ounty) (State)
this eta	MEDICAL	Hour o.m. While Not While foctor	ory, street, office bldg. (etc.)	ionity) (Stole)
ING by the frer be d State	2	p.m. 19 of work at work	9/19/17 3/4/	19 11 11 1 1 1
A P P P P P P P P P P P P P P P P P P P		21. I certify that (I) (this hospital) attended the deceased fram_	19 to // 19	, that (I) (we) las
E S S E			t death accurred at 27 M, fram couses and an t	The date stated above
E E E		220. SIGNATURE	ATTENDING MED. STAFF	AA/67
NL OR ATI y be retoid L DIRECTO age 3 sha filed with		M.C	D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	11/0/
MAL DII	2	22c. PHYSICIAN'S NAME (Type)	22d. ADD AL33	
TO HOSPITAL Page 4 moy   TO FUNERAL C director, pag should be fill	=	Allow Corpusion Coll Alex Turned	[ 00.2 ADGETION (C)	(Country) (Country)
Page 4 n FUNER director, should b	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY 22c. NAME OF CEMETERY 23c.	1/	(County) (Stote)
5-5-0	1	3/14/67 St. JoHi	7 //	
VR ATS (A)	2	FUNDAN DIRECTOR WELL P. ADDRESS		
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04359 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a. COUNTY
Wicomico after ( MARYLAND MACESTES b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 hours Salisbury filled in ! IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 80 YES NO EX Peninsula General Hospital 3. NAME OF Middle 4 DATE Day TO O First completely DECEASED remove years and in any event, ANVILL Type or print DEATH IF UNDER 1 YFAR 5. SEX AGE (In veors 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY **COUNTRY?** during-most of working life, even if retired) SMERMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, attending p IS / WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT permit. (Yes, nator unknown) (If yes give war or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the ONSET AND DEATH burial-transit PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. DUE TO burial Conditions, if ony, which gove rise to immediate couse (a), **DUE TO** stating the underlying couse as the prior to b has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) State Dept. of Health NO de this certificate 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Hour o.m. While Not While ot work at work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) offended the deceased from director, page 3 shauld should be filed with the 4 P.M. from couses and on the dote stated above. sow the deceosed olive on ond that death occurred of\_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREO (County) (Stote) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 20 M 1/66



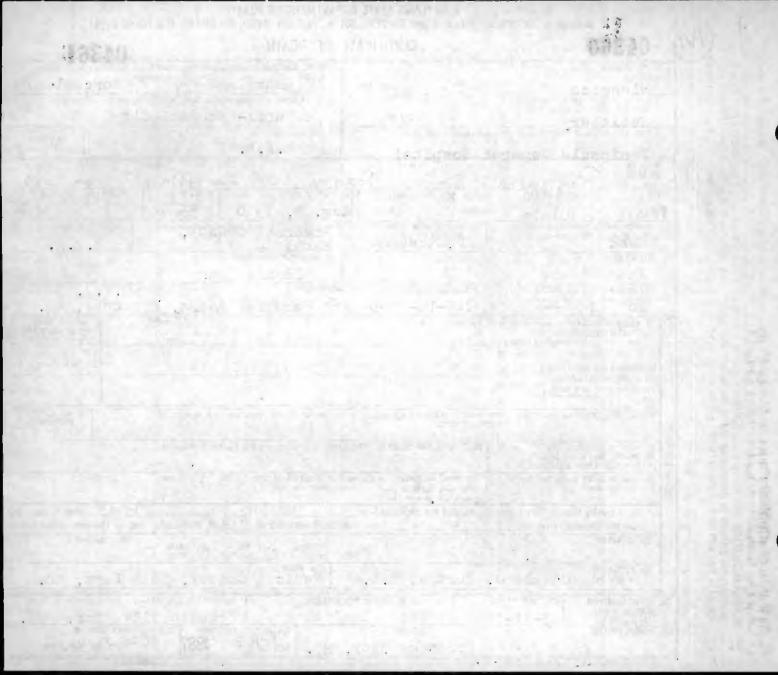
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

V	04360	CERTIFICATE	OF DEATH	04361
	PLACE OF DEATH			eased lived, if institution: Residence before admission)
١	a. COUNTY	MARYLAND	o. STATE Marylan	d b. COUNTY Worcester/
ŀ	b. CITY OR TOWN (If outside carparate limits,	c. LENGTH OF STAY IN Ib	0	orate limits, write RURAL and give nearest tawn)
1	write RURAL and give nearest town)			3 011
L	Salisbury	7		comoke City 23.2
4	d. NAME OF HOSPITAL OR INSTITUTION (If not in he	aspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Peninsula General	Hospital	R.F.D. 3	YES NO K
Ī	3. NAME OF First	Middle	Last 4. DAT	E Month Day Year
1	(Type or print) Reginal of	James Ad	ams DEA	TH March 29 1967
ŀ			B. DATE OF BIRTH	9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
1	4		ug. 9, 1910	last birthday) Manths Days Haurs Min.
Į,	1 iccs co   Ovinted			(foreign country) 12. CITIZEN OF WHAT
	Oa. USUAL OCCUPATION (Give kind of work dane	10b. KIND OF BUSINESS OR	Ben a marketiles	COUNTRY?
	furing most of working life, even if retired)	Restaurant	Maryland	country? U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
ı	James Adams		Jennie Lo	ong
ı	15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address R.F.D. 3
1	(Yes, no, or unknown) (If yes give war or dates of serving)	(°) 213-18-5595 M	rs Margaret A	dams. Pocomoke, Md.
ŀ	18. CAUSE OF DEATH (Enter only one cause per			INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	9_	h land it	DNSET AND DEATH
ı	IMMEDIATE CAUSE (o)	Myounder	The fear to the tag	2000
ı	4301 DUE TO	Calman Cal	soio selevoris	Klother - o
1	Conditions, if any, which gave (b)	Co Co recoy Cook		, 00, 00
ı	stating the underlying cause DUE TO	0		
	lost. (c)_		· · · · · · · · · · · · · · · · · · ·	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE CONDITION G	IVEN IN PART I(o) 19. WAS AUTOPSY
1	20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF STITLER MOTIES MEDICAL FY MEDICAL			PERFORMED YES 17 NO T
1	20g. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Part Lar I	
	OR CONTRIBUTING CAUSE OF DEATH	200, DESCRIBE HOW MOON OCCURRED.	contain notain as injury or rain i as i	an ii ar nom 19.7
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	OR LINEARY OCCUPATE OR NAME	T OF DUDING ALL CO.	(Carala)
	20c. TIME OF INJURY Month, Day, Year Hour a.m.		E OF INJURY (Hame, farm, 20f ory, street, office bløg., etc.)	(City ar tawn) (County) (State)
1	≥ p.m. 19	at wark	-01-11	10/1
П	21. I certify that (1) (this hospital)	attended the deceased fram_		ta 5 29 , 19 , that (I) (we) las
١	saw the deceased olive on	5 28 19 0 and that	t death accurred at 9 🔏	_M, from couses and on the date stated abave
ı	22a. SIGNATURE		ATTENDING MED.	STAFF 22b. DATE SIGNED
ı	150	M.I.	D. PHYS. DIRECTOR	PHYS.
ı	22c. PHYSICIAN'S		22d. ADDRESS	
1	NAME (Type) Oswald J.	Burton, M.D.	Medical Cer	ter, Salisbury, Md.
=	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY BUCH	TREMADORY 23d	LOCATION (City or Town) (County) (State)
	DEMOVAL (Specify)			comoke City Wor. Md.
H	Burial" 3-31-19	ADDRESS	2Sa. REC'D BY REGI	
1	Enly II I &		1 100	1967 y Charles Judge
1	I Yruur H. Wussen	Pocomoke City.	MICL DATE	1001 June Xulant

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any eventual title for death.



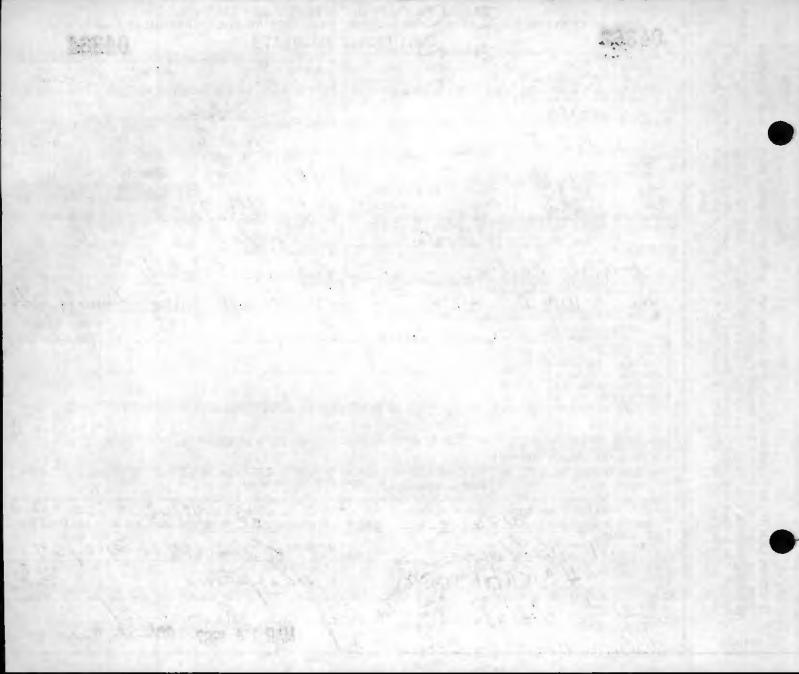
VR A15 (4)

### MARYLAND STATE DEPARTMENT OF HEALTH

TTT PT	KILMIND SIMIL D	Mr. West 1 and	TITL OF HEAT		
DIVISION OF STATISTICAL RES	EARCH AND RECORD	S, 301 W. I	PRESTON STREET	BALTIMORE 1,	MARYLAND
04361	CERTIFICAT	E OF D	EATH		
					A 4 40 A 50

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1	PLACE OF DEATH	2. USUAL RESIDENCE (Where decassed lived, If institution, Residents and one admission								
		a, STATE b, COUNTY								
-	b. CITY OR TOWN (if autside corporate limits. c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	write RURAL and give nearest lown)	A /								
_	Salisbury	Salisbury								
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?								
	683 Fitzwater St.	683 Fitzwater St. YES NO								
V3	3. NAME OF First Middle	Lest 4. DATE Month Day Year								
	DECEASED (Type or print)	OF								
1-	Carl F.	Balley March 25								
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yoars IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days Hours Min.								
	M C WIDOWED DIVORCED T	une 4.1890 76 yrs. Months Days Hours Min.								
	IDs. USUAL OCCUPATION (Give kind of work   IDb. KIND OF BUSINESS OR INDUSTR)	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY								
1	dona during most of working life, even if ratired)									
-	Labor	Maryland U.S.A.								
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	George Beiley	Jennie ?								
1	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11	NFORMANT Address								
1	Yas, no, or unkown) (If yas give war or datas of service)									
2	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),	dys Stewart 129 Second St. Salis-Wd.								
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH								
	IMMEDIATE CAUSE (a)	andervacale level Resease 3 month								
	1/1/2X DUE TO 1/1/	The state of the s								
	HM. 20 da	L LL T								
	gave risa to immediata cause	- mejine								
	(a), stating the underlying DUE TO									
	cause last. (c)									
1 3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	FRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?								
2	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED 20c CONTRIBUTING CAUSE OF DEATH 20c CONTRIBUTING CONTRIBUTING TO DEATH 20c C	YES NO T								
5	20a. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or Part II of item 18.)								
1	OR CONTRIBUTING CAUSE OF DEATH									
1	U	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)  ry, street, office bldg., etc.)								
1	Hour a.m. While Not While lat work at work	A								
1		25 6 00 10/1 10/5 May 16 7 10 (11)								
	21. I certify that (I) (this hospital) attended the deceased from	700								
	saw the deceased alive on196, and that	death occurred 3								
	22a. TG ATUE	ATTENDING MED. STAFF 22b. DATE								
	- TARROVA.									
	22c. PHYSIGIANS // AA D	22d. ADDRESS								
1	NAME (Type) E. A. Purnell, M.D.	6 CZ W/ MAINST. ) Alichum Ma								
1 =	NUMBER OF THE PARTY THEOREMS AND AND THE PARTY THEOREMS AND AND THE PARTY THEOREMS AND AND THE PARTY THEOREMS AND THE PARTY THE PAR	DR CREMATORY 23d. LOCATION (City, town or county) (State)								
2	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY ( REMOVAL (Spacify)	OK CREMATORI 23d. LOCATION (City, town or county) (State)								
	Burial 3/29/1967 Green Acr	es Salisbury Md.								
2	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE								
	Wit I Stew + Lalis - a	MAK 3 U 1967 Charles Verse								
1	unyon or survay sauce 71	TO TOOL								
	•	**								

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY comes MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page 6 write RURAL and give nearest town) ve carbon papers. Pagevent, within 72 hours hours Ξ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) and completely filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES W NO death certificate be executed within 3. NAME OF First Middle DATE Last Month 4. Year DECEASED 1967 (Type or print) March 0 DEATH remove SEX 6. COLOR OR RACE DATE OF AIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED A NEVER MARRIED AGE (In years last birthday) Months I any Days Hours | WIDOWED DIVORCED Y 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR physician 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retired) UNDUSTRY, and 13. FATHER'S NAME 14. MOTHER'S MALDEN NAME remova the attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMAN Address permit. 0 (If yes give war or dates of service) (Yes, no. or unkown) certificate has been signed by the at hed for use as the burial-transit perm it. of Health prior to burial, cremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a). stating underlying cause last. (c) CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO T YES . 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached f be detached State Dept. ( (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL 20c, TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State Hour a.m. While Not While be retained by p.m. at work at work I certify that (I) (this hospital) attended the deceased from 1965 and that death occurred at 3 P. M. from the causes and on the date stated above. saw the deceased alive on S 22a. SIGNATURE 22h DAJE SIGNED ATTENDING PHYS. STAFF TO HOST.... Page 4 may t M.D. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23rl. (State) 141 FUNERAL DIRECTOR ADDR ESS REGISTRAR'S SIGNATURE VR A15 (4) DATE 15M 4-64



executed within 24 hours after death.

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be retained by the hospital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate

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director, page 3 should should be filed with the

State Dept. of Health

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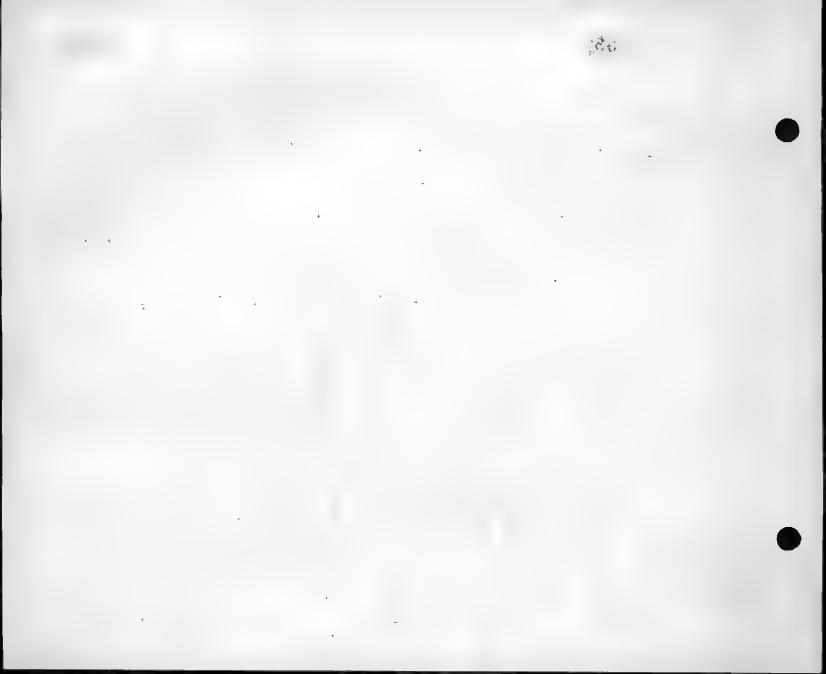
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04363 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b. COMNTY Wicomico MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (It/outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) ely filled in by bon papers. (F within 72 hob d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO L Peninsula General Hospital 3 NAME OF Middle 1ost DATE Month Year Dov DECEASED (Type or pont) DEATH 19 IF UNDER I YEAR SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED The IISUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during agost of working life, even if retired COUNTRYS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT LA. SOCIAL SECURITY NO. Address (Yes, no, or unknown) [If yes give war or dates of service] INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a) (b). ond ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause os the prior to lost. WAS AUTOPSY PERFORMED? PART II DIMER SIGNIFICANT/CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED Afriter noture of injury in Port or Part II of item /B. (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) (County) Hour p.m. factory, street, office bldg., etc.) Not While at work at work 21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on (1) and that death accurred at 7.5% M, fram causes and an the date stated above. 19 220 SIGNATURE 22b. DATE SIGNED ATTENDING M.D PHYS DIRECTOR PHYS 22d-2 ADDRESS 22c PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY (Ceciling 23a., BURIAL, CREMATION 235 LOCATION (City or Jown) DATE THEREOF 23€ (County) (Stote) REMOVAL (Specify) FUMERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATURE

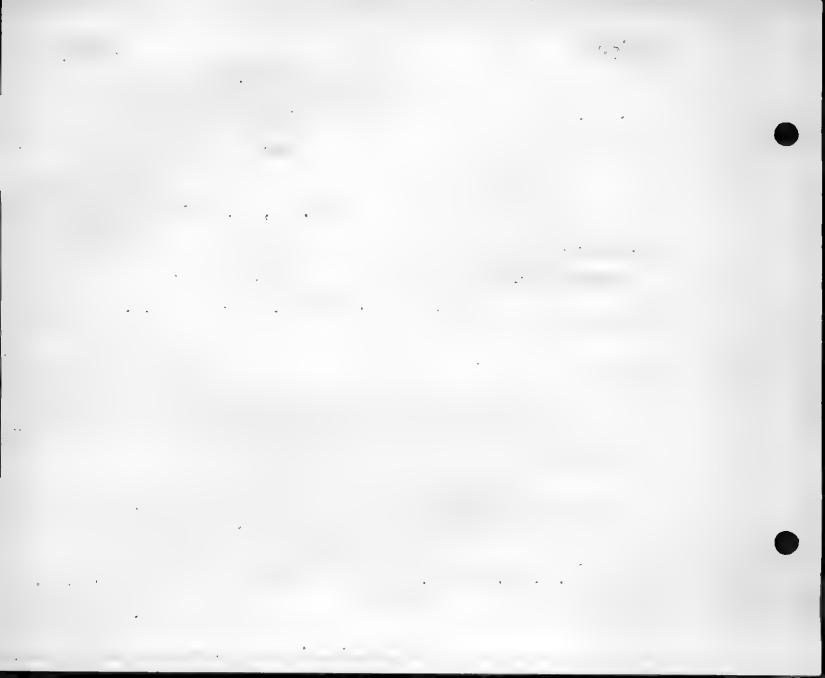


#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04364 The law requires that the death certificate be executed within 24 hours ofter death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) signed by the attending physicion and completely filled in by the funeraburial-transit permit. Then please remove carbon papers. Pages 1 on burial, cremation, or removal, and in any event, within 72 hours offer dec b. COUNTY Accomack o. STATE Virginia o. COUNTY Wicomico MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c, LENGTH OF STAY IN 16 \_CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) hincoteanue Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 110 Jesten Street Peninsula General Hospital YES 🗍 NO X 3. NAME OF Lost 4. DATE Month DECEASED Lenona. (Type or print) leanet te DEATH IF UNDER T S SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH AGE (In years last birthday) Months Dovs Hours WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) LEOUNIRY? 7 UNDUSTRY Virginia 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Margaret Whealton 16 SOCIAL SECURITY NO. 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes give war or dates of service) Ansley Birch. Chincoteague, Virginia INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: ONSET AND DEATH Mmary IMMEDIATE CAUSE (a) by the hospital or attending physician. 466 X DUE TO Canditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS! PERFORMED? thumbourters post splenestony 1965 NO X TO FUNERAL DIRECTOR: After this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS TINDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, affice blda., etc.) Hour o.m. , ta 63-1-67, 19\_\_\_, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram 02-07-67, 19 be retained saw the deceased glive an 03-1-67 19 and that death accurred at 7.7 M, fram causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED march 1, 1967 M.D. DIRECTOR 22d. ADDRESS 27c PHYSICIAN'S NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. (County) REMOVAL (Specify) hincoteague echanics (enctery 24 FUNERAL DIRECTOR 2Sq. REC D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15 (4) 20 M 1/66 MAR (hincoteanue.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04365 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death completely filled in by the funeral over arbon papers. Pages I and 2 y event within 72 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. STATE Maryland a. COUNTY b. COUNTY Caroline Wicomico MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside caragrate limits, write RURAL and give negrest town) b CITY OR TOWN (if autside corparate limits. write RURA and give nearest town) Salisbury Ridgely 621 days d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Head State Hospital None YES NO DE NAME OF Middle Lost DATE Manth Year DECEASED 14 67 Black March Garrett 19 (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. S SEX B DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED remove last birthday) 6 yrs. Months Days Haurs Jan. 21,1891 Colored WIDOWED DIVORCED Male 10n US.JAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT signed by the ottending physician on burial-tronsit permit. Then pleose re buriol, crematian, or removal, and in i during most of working life, even if retired)

Karm Laboror None Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Alice Hexter Herney Black 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates at service) 17 INFORMANT 16. SOCIAL SECURITY NO. 218-20-9110 John H. Black Ridgely, Maryland IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY ONSET AND DEATH Acute pulmonary embolism IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physician. 4500 DUE TO Arteriosclerosis, general Years Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause has been State Dept. of Health prior ta as the Arteriosclerosis obliterans Years last. 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CENTRICATION Right above-knee amoutation: blindness NO E YES [ certificate 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d IN HIRY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year TO FUNERAL DIRECTOR: After this Hour a.m factory, street, affice bldg., etc.) 21. 1 certify that (this hospital) attended the deceased from July 1 , 1965, to March 14, 1967, that (\*) (we) last saw the deceased alive an March 14 1967, and that death accurred at 2:20 M, from causes and an the date stated above. 19.65 to March 7/L, 19.67, that OF (we) last directar, page 3 should should be filed with the 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. ATTENDING X 3/14/67 M.D. PHYS 22d. ADDRESS 22c, PHYSICIAN'S C. H. Winnacott, M. D. Deer's Head Hospital: Salisbury, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMAT ON, 23b. DATE THEREOF 23d LOCATION (City or Town) (State) (County) Union Goldsbore. Maryland 3-18-67 RETACHYAL (Sheerly) ADDRESS 2So REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Greensbore, Md. MAR Ocharles



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence leave admission) b. COUNTY Maryland Wicomico MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Ξ Salisbury Salisbury ban papers. withth 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Hed d. STREET ADDRESS Peninsula General Hospital Hammond Street NAME OF First DATE Month ē Middle Lest DECEASED DF DEATH comple event, AVERY Libra BOWDEN March (Type or print) certificats be smecuted 6. COLOR OR RACE | 7. MARRIED X AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX DATE OF BIRTH remove NEVER MARRIED last birthday) | Months any Mala White November 5,189 DIVORGED WIDOWED Ξ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please and Retired - Baker Bread Company Whaylesville, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Lemuel Bowden Annie Parker in signed by the attend burial-transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 17. (Yes, no. or unknwn) | (If yes alve war or dates of service) Thomas F. Bowden & Mrs. Mr 217-10-2112 Prvor Ave. Salisbury Ma. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),] ON ATTENDING MAYSIGIAM The New requires that the by retained by the Nosmital or attending physician. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) peen gave rise to immediate 라라 DUE TO cause (a), stating as th prior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use this cerum detached fo 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) DIRECTOR: After the age 3 should be det filed with the State D factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 1957 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 9:35M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE page filed ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS. Page 4 may FUNERAL 1 ADDRESS 22c. PHYSICIAN'S 22d. TO FUNERAL director, p NAME (Type) L. V. Sohler East Street. Delmar. BURIAL, CREMATION, NAME OF GEMETERY OR CREMATORY 23d. LOGATION (City, town or county) REMOVAL (Specify) March 25,196 Buria. Wicomico Memorial Salisbury. 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b.

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

Wicomico

Day

12. CITIZEN OF WHAT

Sadie Bowden , Salisbury , Md.

19.

(County)

22b. DATE SIGNED

Maryland

March

YES

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

(State)

1967

(State)

PERFORMED? NO X

COUNTRY?

USA

21

IS RESIDENCE ON A FARM?

Year

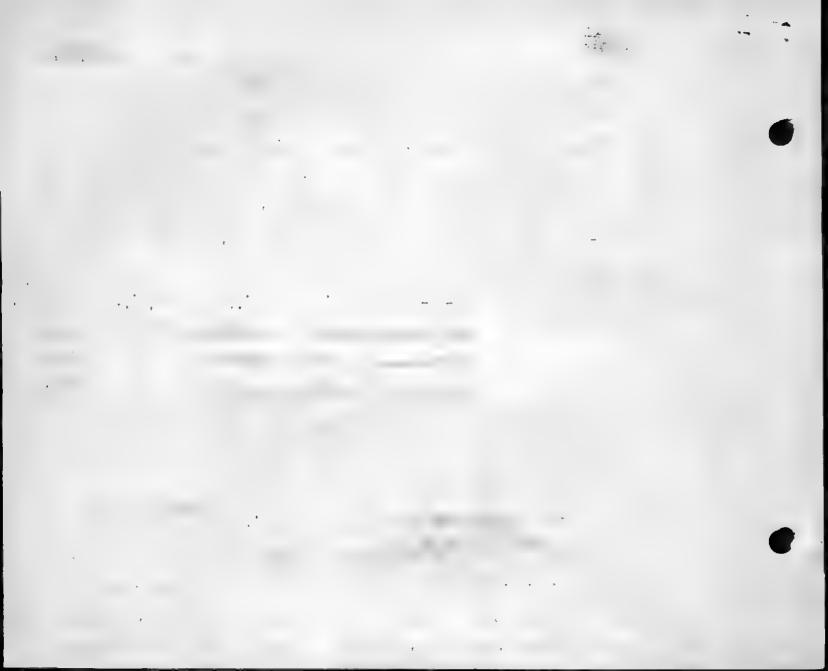
1967

Hours

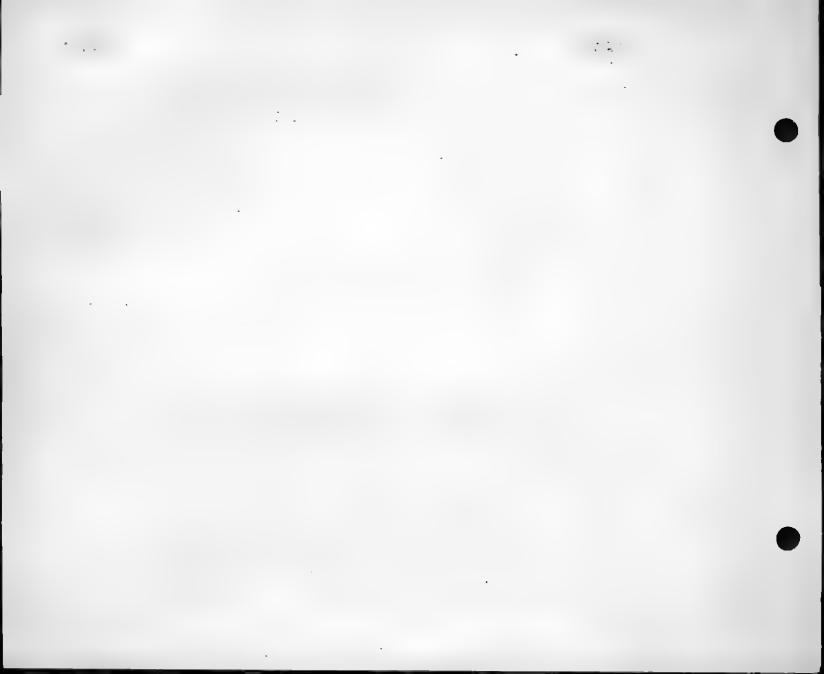
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YES

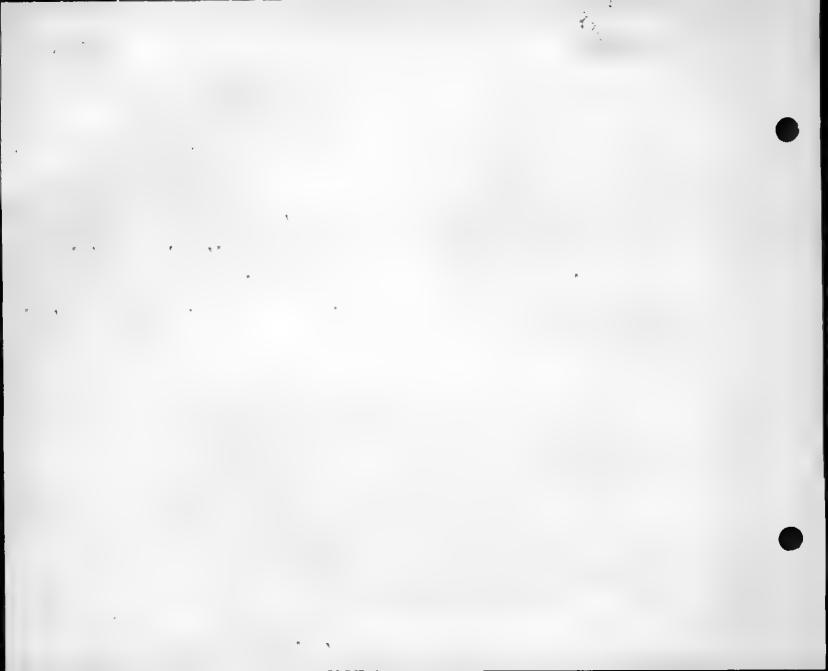
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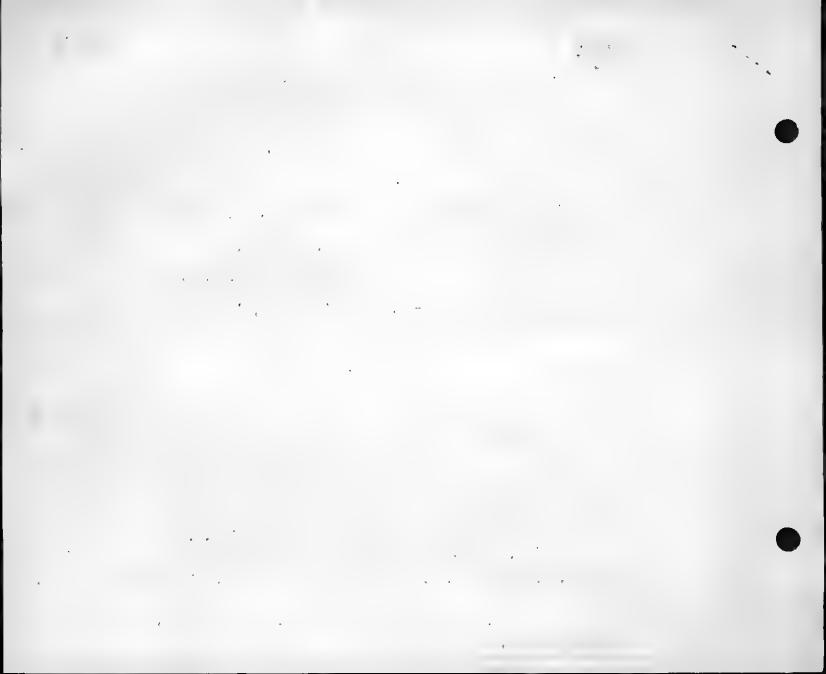
#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04367 CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) requires that the death certificate be executed within 24 hours after de a. COUNTY and completely filled in by the fune (OUNTY MARYLAND Wicomico CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 autside carparate limits, write RURAL and give nearest tawn) hours Salishury d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS and in any event, within 72 □ NO I Paningula General carbon 3. NAME OF DECEASED Last DATE Manth Year Day 6 19 (Type or print DEATH IF UNDER 1 YEAR 1 IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH AGE (In years remove biighday) Manths Days Haurs WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if refired) **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physicion director, page 3 should be detached for use as the burial-transit permit. Then please shauld be filed with the Stote Dept. of Health prior to burial, cremation, or removol, and i **COUNTRY?** 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war at dates of service) LMAR, MO INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a) ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) by the hospital ar attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) Hour o.m. factory, street, office blda., etc.) Nat While OR ATTENDING at wark at work 21. I certify that (1) (this hospital) attended the deceased fram be retained and that death accurred at 420/4 M, from causes and on the date stated above. saw the deceased alive on 22a. SIGNAFURE 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS. PHYS. 22c PHYSICIAN'S 22d\_\_ADDRESS NAME (Type) 23o. BURIAL, CREMATION, 23ca NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF LOCATION (Gity or Town) (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1967



CERTIFICATE OF DEATH 04368 The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH campletely filled in by the funeral nave carbon lapers. Pages I and ny event, within 72 haurs after deat 6 COUNTY Somerset o. COUNTY o. STATE Maryland Wicomico CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) Princess Anne Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? 46 Somerset Ave. YES NO X Paningula General Hospital NAME OF Lost 4. DATE Menth Year DECEASED 196 (Type or print) DEATH SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED remavé 75 hirthdoy) Months Hours 1891 and in any Dec. 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR please during most of working life even if retired)
Internal Revenue COUNTRY? INDUSTRY Somerset Co. Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, George W. Brown Ella A. Bounds IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Dorothy Brown, Princess Anne, Md. INTERVÄL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be detached far use as the State Dept. af Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS! PERFORMED? this certificate 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) ot work TO FUNERAL DIRECTOR: After at work 21. I certify that (I) (this haspital) attended the deceased fram , 19\_\_\_, that (I) (we) last \_ , ta. director, page 3 shauld shauld be filed with the , and that death occurred at 5 AM, from causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE. 22b DATE SIGNED STAFF PHYS M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 3/30/1967 23o. BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) PROPAL (See lify) Manokin Presbyterian Princess Anne, Maryland (24 FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Anne Md VR A15 (4) 20 M 1/66 Princess 1967



La Maria		04369	CERTII	ICAIL	OF DEATH		02011
E VE E		PLACE OF DEATH			2. USUAL RESIDENCE	Where deceased lived, if institution	
The state of the s		Wicomico Wicomico	MAR	YLAND	o. STATEMaryl	and b. COUNT	Wicomico
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ours after by the fu Poges 1		write RURAL and give nearest town)	64 days		Salisb	ury	221
in in Pers.		L NAME OF HOSPITAL OR INSTITUTION (IF			d STREET ADDRESS		e IS RESIDENCE ON A FARM?
n 24 Illed i pape iin 72		Deer's Head Sta	te Hospital		303 E.	Locust Street	YES NO A
at a final state of the state o	3.	NAME OF NO. 11	First Middle		Lost	4 DATE Month	Doy Year
requires that the death certificate be executed within 24 hours after g physicion.  I signed by the attending physician and completely filled in by the furst bermit. Then please remove carbon papers. Pages I a burial-transit permit. Then please remove carbon papers. Pages I a burial, cremation, or removal, and in any event, within 72 hours after	L	Type or print)			Bunting	DEATH Marc	
cute omp	S.		7. MARRIED NEVER MARRIE		B. DATE OF BIRTH	lost burthdoy)	Months Doys Hours Min.
exe of the second		Female White	WIDOWED A DIVORCE	) [ C	October 24,	1887 79 yis	4 22
2 2 2	dun	USJAL OCCUPATION (Give kind of work doing most of w.grking life, even if retired)	ne 10b. KIND OF BUSINESS OR INDUSTRY		11 BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ate iciar leos anc		ouse work			W. Wheeli		USA
hys n p vol,		FATHER S NAME			14. MOTHER'S MAIDEN		
of plants	_	ewis Steele WAS DECEASED EVER IN U.S. ARMED FORCE	en II. englat eggintiv tin	1 12 1	Lillian P	Addres	
ooth ndir nit.	(Ye	s, no, or unknown) (If yes give wor or dote	or of corviral		NFORMANT Vir. Bernard		
quires that the death certifica physicion. signed by the attending physi burial-tronsit permit. Then pl buriol, cremation, or removal,				- A	hite Haven	T. Bunting (So Maryland	LATERALLI DETACETA
if the sit position notice		IB. CAUSE OF DEATH (Enter only one of PART I DEATH WAS CAUSED BY	D		1 . 7 . 7		INTERVAL BETWEEN ONSET AND DEATH 11 days
tho on. by ron crem		3321 IMMEDIATE CAU	-	onla,	<u>Dilateral</u>		11 days
physicio physicio signed burial-tr buriol, c		Conditions, if ony, which gove	UE TO Cerebral thr	ombos	sis		3 months
aquires physici signed burial-i buriol,		rise to immediate couse (a),	UE TO				J MONUNS
e law re tending ss been os the prior to		stoting the underlying couse lost.	(c)				
VSICIAN: The law requires the ospitol or attending physicion. certificate has been signed by the for use as the burial-transt. of Health prior to burial, create.		PART II. OTHER SIGNIFICANT CONDITIONS		ATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY
AN: The off or officiate ho for use Health p	CERTIFICATION	Diabetes melli	tus				PERFORMED? YES NO X
Per forth	IEC	20o ACCIDENT WAS UNDERLYING [	205. DESCRIBE HOW INJURY O	CCURRED. (	(Enter noture of injury in	Port I or Port II of item 18)	
SICI Spito ertifi eed 1	CE.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	N/A				
JING PHYSICIAN: by the hospitol or ther this certificate be detached for a	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m.			E OF INJURY (Home, for		(County) (Stote)
	뽛		9 While Not While of work	TOCTO	ory, street, office bldg., etc.	1	
Affe d by Steel		21. I certify that (I) (this h	aspital) attended the deceased	fram	1/11	19 <u>67</u> , to <u>3/16</u>	, 19 <u>.67,</u> that (I) (we) la
ATTENDING stained by th CTOR: After t should be de ith the Stote		saw the deceased alive an	<u>3/16</u> 19 <u>67</u> ,	and that	t death accurred a	M, fram causes a	ind an the date stated abov
ME PER PER PER PER PER PER PER PER PER PE		220. SIGNATURE	al alus		ATTENDING	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
<b>56</b> 28 26 26 26 26 26 26 26 26 26 26 26 26 26		22c. PHYSICIAN'S	accury.	M.D	D. PHYS.   22d. ADDRESS	DIRECTOR PHYS.	3/17/67
May Sal Sal Se fine		NAME (Type) L. V. M	aldve, M. D.		Deer's He	ead Hospital; S	alisbury, Md.
TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be c should be filed with the Store	230	BURIAL CREMATION. 23b DATE	THEREOF 23c. NAME OF CEM	ETERY OR C	CREMATORY	23d. LOCATION (City or Tow	n) (County) (Stote)
Page dire		REMOVAL (Specify)	20.1967 Wicomico			Saliabury. M	
	24	FUNERAL DIRECTOR	ADDRESS		25o. REC'	D BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04370 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 04372 HEALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission PLACE OF DEATH o COUNTY Wicomico Maryland MARYLAND Worcester deloy the State Department b CITY OR TOWN ( floutside corporate mits CLENGTH OF STAY IN 1b c CITY OR TOWN (I outside corporate limits write RURAL and give nearest town) write RURAL and give nearest town't 17 days City Salisbury Pocomoke 8 IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR. INSTITUTION (If not in haspital give street address). d STREET ADDRESS the certificate writing the word 'pending' in pencil in Item 18 Give Poges 1, 4 should be forworded to the Chief Medical Examiner's Office along with form 20 YES NO X Peninsula General Hospital 407 Walnut St. NAME OF 4 DATE Month (Type or print) **JOHN** HENRY CAUSEY March 14, 196719 DEATH 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 7 MARR ED NEVER MARRIED lost birthdoy) Hours 2-9-1882 White hours after death. Male WIDOWED DIVORCED 11 B RTHPLACE (State or foreign country) 10o USUAL OCCUPATION (Give kind of work done 10h KIND OF BUS NESS OR 2 CITIZEN OF WHAT during most of working life, even if retired)
Carpenter Building Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME -unknown--unknown-IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address event within 72 (Yes, no or unknown) (If yes give wor or dates of service) 214-12-6489 Mrs Lillie Causey, Pocomoke City, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL RETWEEN buriol-tronsit PART I DEATH WAS CAUSED BY ONSET AND DEATH Arteriosclerotic heart disease IMMEDIATE CAUSE (a) writing the word DUE TO Conditions, if only, which gove use to immediate couse (o). <u>\_</u> DUE TO stoting the underlying couse D SD PART I OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAV DISEASE CONDITION GIVEN IN PART (a) 19 WAS AUTOPSY removal, PERFORMED? Fractured left hip YES NO X 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in any in Port L or Port L of tem 18) 3 shamld PRIMARY I or CONTRIBUTING Fell at home. CAUSE OF DEATH. cremotian, 20d INJURY OCCURRED 20c TIME OF INJURY Month, Boy, Year 20e PLACE OF INJURY (Hame, form (City or town) (County) 7:30 Pm 2-24-6719 While Not While factory street office bldg etc)
Own home may be retoined for your of work of work Pocomoke, Worcester, Md. 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 🔼 Inquiry X and in my apinian death resulted frame Natural causes Accident X Ham cide Undetermined manner Su'cide [ funeral d rectar CHIEF MED CAL EXAMINER ACTUAL 22 DATE SIGNED ASS STANT MED CAL EXAMINER SIGNATURE Earl L. Royer, M.J. DEPUTY MEDICAL EXAMINER March 18, 1967 EXAMINER'S 5 may 70 FILME Reolth 109 Camden Ave . Salisbury Md ... Address (Street city, town, or county) the 230 BURIAL CREMATION. 23d LOCAT ON (City or Town) (County) Bethany Methodist Pocomoke City Md. Wor. 3-16-1967 2Sh REG STRAR'S SIGNATURE ADDRESS 2Sq REC'D BY REGISTRAR VR A15ME (5) Watson Funeral Home, Pocomoke, Md. Melanes 6M 1/67



## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR S	TATE		04371	MED	ICAL EXAMINER'S	CERTIFICATE	OF DEATH	043	73
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<b>a DEMULY</b> necessary, the funera	may be retained FUNERAL DIREC	22	NAME (Type)	EREOF	Molego		reet city, town, or county)	1	
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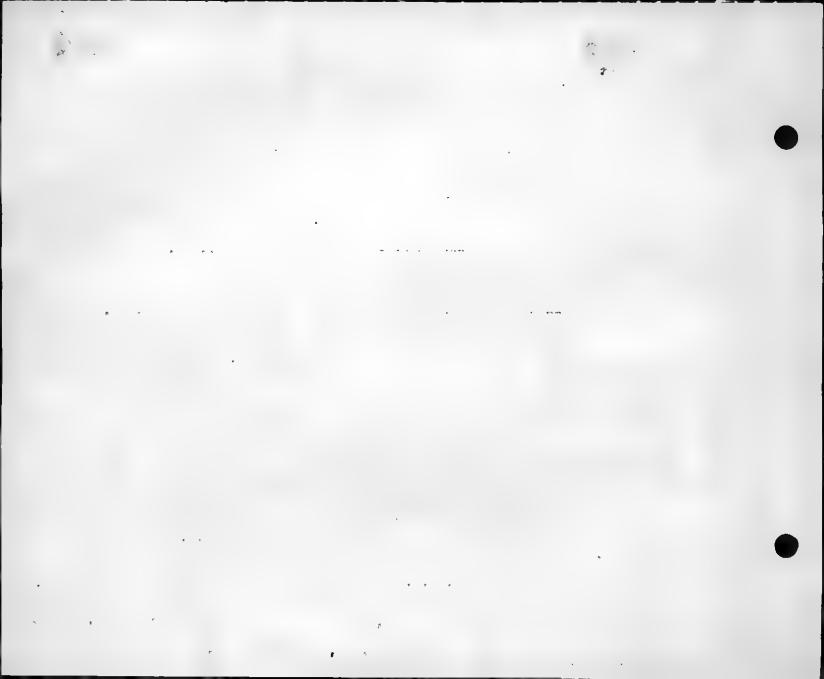


MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0437	2	CEI	RTIFICATE	OF DEATH		U	43/4
1. PLACE OF DEATH o. COUNTY	icomico		MARYLAND	O STATE	Where deceosed lived, if ins	COLLINS VI	chester
b. CITY OR TOWN	(If outside corporate limits, and give nearest town)	c. LENGTH OF		c. CITY OR TOWN (IF ou	itside corporote limits, write	RURAL ond give	neorest town)
Salis	bury		days	Cambr	idge		72
	ITAL OR INSTITUTION (If not in I		\$5)	d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
	's Head State			<u> </u>	rt Street		YES NO 🚾
3. NAME OF DECEASED (Type or print)	First Maude	e Et		Coleman	of Mai		Doy Year 23 19 67
. SEX		MARRIED 🔀 NEVER M	ARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthdoy		YEAR IF UNDER 24 HRS. Doys Hours Min.
emale	Colored w	1-1		Nov. 6, 190	0   66 yi	3	
On USUAL OCCUPATE	ON (Give kind of work done to life even if retired)	10b KIND OF BUSINESS	OR		& Stote, or foreign country)		ZEN OF WHAT INTRY?
	eg life, even if retired) ET	***		Dorchest	er Co., Md.	U.	SA
13. FATHER'S NAME							
ic luar neverseen e	John Draper VERINUS ARMED FORCES?	Keene	7 NO 17	Mary C	hester	ddress	
(Yes, no or unknown	) (It has give mor or gotes of sau	"(ce) "30 30 40					
	s, no or unknown) (If yes give wor or dotes of service) 220-10-6018 Walter Coleman Cambridge, Md.  1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  INTERVAL BETWEEN						
PART I. DI	EATH WAS CAUSED BY:			otim			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Carcinoma of rectum						12 10(20	
Conditions, if or	ny, which gove ) (b)	Arterios	s <b>cl</b> eroti	.c cardiovas	cular diseas	se	Years
rise to immedi	ote couse (o), (						
lost	(c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)							
OR CONTRIBUTION	VAS UNDERLYING □ IG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	205. DESCRIBE HOW INJ	URY OCCURRED	(Enter noture of injury in	Port I or Port II of item IB	)	
물 Hour	UURY Month, Doy, Year o.m. 19	20d. INJURY OCCURRED While Not While of work of work	foci	CE OF INJURY (Home, forn ory, street, office bldg., etc.		i) (Cou	nty) (Stote)
21. I cer	tify that (I) (this haspita	l) attended the dece	ased from_	5/10 ,1	19 <u>66</u> , ta <u>3/2</u>		$\mathcal{I}$ , that (I) (we) las
	deceased alive on	<u>3/23196'</u>	$7_{\underline{}}$ , and tha	t death occurred at	M, from caus		e date stated abave
220 SIGNATUI	226 SIGNATURE  M.D. ATTENDING DIRECTOR STAFF MED 3/23/67						
22c. PHYSICIAI NAME (Ty	vs pe) A. C. Mito	chell, M.D.		22d. ADDRESS Deer's He	ead Hospital	Salisb	ury, Md.
230 BURIAL, CREMA		23c NAME C	F CEMETERY OR	CREMATORY	23d LOCATION (City o	r Town)	(County) (State)
BITT (2004	(Y) 3/26/67		St. Pet		Meekins Ne		
24. FUNERAL DIREC	TOR / /	, ADDRE			D BY REGISTRAR 2Sb	. REGISTRAR'S SI	
-Iteles	ul ( ! ) He	uu Cambr	idge, M	d. MAR	27 1967 1	Charles	Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, ar removal, and in one event, within 72 hours after deather the state Dept. of Health prior to burial, cremation, ar removal, and in one event, within 72 hours after death



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 1f institution; Residence before admission) a. COUNTY b. COUNTY Pages 1 urs after Wicomico Maryland Wicomico MARYLANO filled in by papers. Pages 72 hours a CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Adm. Salisbury 3/5/67
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Salisbury Salisbury d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital 330 rent within Camden Avenue NO X and completely fremove carbon part any events within YES death certificate be executed within NAME OF First Middle Last DATE Month Oav Year DECEASED HAZEL 1967 VIRGINIA COLLINS (Type or print) March DEATH SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 8. last birthday) Months Hours Female White WIDOWED I OIVORGED [ ] September 19.1909 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IOb. KIND OF BUSINESS OR INDUSTRY physician an please re E 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Beautician Somerset County, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME has been signed by the attending phas the burial-transit permit. Then prior to burial, cremation, or removal Robert W. Heath Mollie Messick 15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (if yes give war or dates of service) Clinton Massey St., Willards, (Sister) Mrs. Main 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that till Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate OUE TO cause (a), stating underlying cause last. (c) CERTIMICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health detached for use te Dept. of Health PERFORMED? YES NO & 20a. ACCIDENT WAS UNDERLYING IT 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MINICAL TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While Stat Stat at work at work should ith the S AN director, page 3 should should be filed with the 21. I certify that (!) (this hospital) attended the deceased from ha 1967 , and that death occurred at 0:30%, from the causes and on the date stated above. 196 saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNED ATTENOING PHYS. MEO. STAFF PHYS. March 2/ M.O. PHYSICIAN'S 22d. AOORESS NAME (Type) Dr. H. Grav Reeves Medical Center, Salisbury, Maryland BURIAL, CREMATION. **OATE THEREOF** 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify)
Burial 9 Salisbury, Maryland Wicomico Memorial Park March 21.1967 24. FUNERAL DIRECTOR AOORESS REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE & COMPANY, SALISBURY, MARYLAND HOLLOWAY VR A15 (4) 15M 4-64

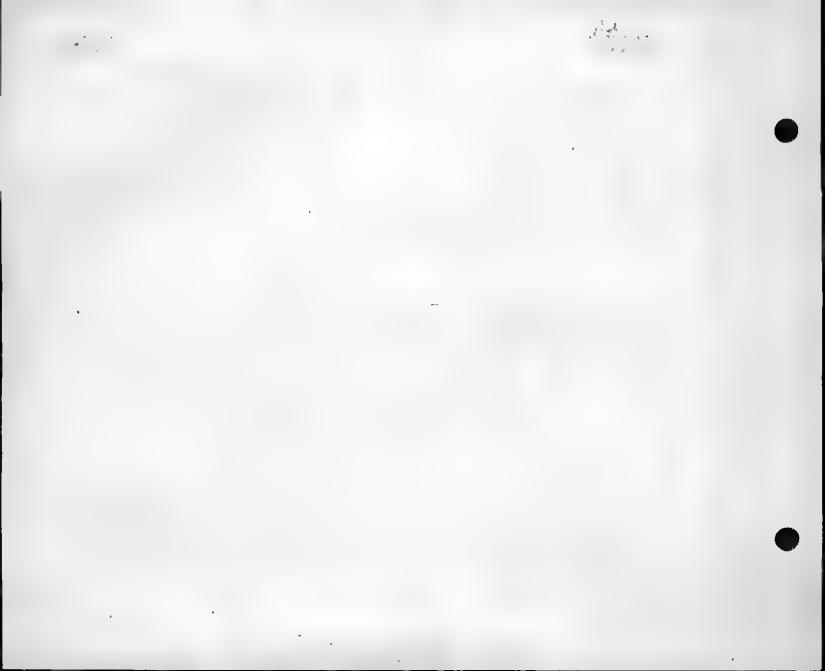


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Ta A Base			LACE OF DEATH		2. USUAL RESIDENCE (Where decease a. STATE	ed lived, if institution. Residence before admi b. COUNTY	ission)
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4 h J in yers. 72 h	2.6	ĺ	NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street oddress)	d. STREET ADDRESS	ON .	ESIDENCE A FARM?
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문 b d a T	/	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVE	PERFO	DRMED?
IAN: That of all ar at licate he far use Health		FICAT	200 ACCIDENT WAS UNDERLYING	1 2013, DESCRIBE HOW INJURY OCCURRED.	Enter nature of unundin Part Las Part	YES 🔀	[ № □
		CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	200, DESCRIBE HOW INDEX OCCURACIO.	trues horore or infort at Land and	II of field to.)	
PHYSIC he haspi this certi etached Dept. a		MEDICAL	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e PLA	CE OF INJURY (Home, farm, 20f	(City or town) (Caunty)	(Stote)
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OR ATTEN be retained DIRECTOR: , je 3 shauld ed with the			220 SIGNATURE	0 10 0	ATTENDING MED.	STAFF STAFF	4
			22c PHYSICIANS	ydes, M. D. M.	D PHYS. L DIRECTOR  22d. ADDRESS	U PHYS. DQ 3/19/67	
<b>→</b> ~ = ==	,		NAME (Type)		Marie Language Marie		
ro Hospital Page 4 may ro FUNERAL director, pa	/	230	BURIAL, CREMATION, 23b. DATE THERE	DF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LO	CATION (City or Town) (County)	(State)
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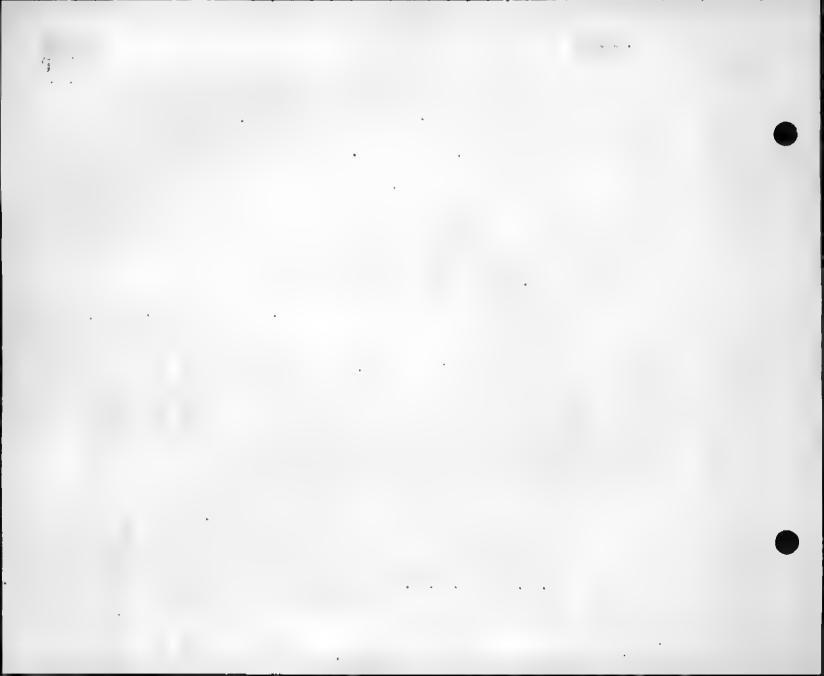
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04375 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b COUNTY Wicomico o. COUNTY Maryland ve, carbon papers. Pages I eyent, within 72 hours ofter MARYLAND b CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Willards Salisbury
d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e IS RESIDENCE ON A FARM? d STREET ADDRESS Peninsula General Hospital YES NO X NAME OF Middle 4 DATE First Lost Month Dov DECEASED (Type of print) DEATH S SEX COLOR OR RACE B DATE OF BIRTH 9. AGF (In years IF JNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED remove of 7. MARRIED lost birthdoy) Months Dovs Oct. 17 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) please I, ord in during most of working life seven if retired) OWNED STRY COUNTRY? Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removal, William Taylor Lavina Lewis 16. SOCIAL SECURITY NO 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 212-16-1412 Lillian Downs willards. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-tronsit Hemonhore PART I. DEATH WAS CAUSED BY. ONSET AND DEATH ere brow IMMEDIATE CAUSE (o). Poge 4 may be retained by the hospital or ottending physician. DUE TO Aux 10 hin Conditions, if ony, which gave rise to immediate couse (a). DUE TO stoting the underlying couse be detoched for use as the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) Scaledic Hellelone YES 🗍 NO 20o ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) of work of work 21. I certify that (1) (this-haspital) attended the deceased fram 3-30, 1967, to 3-30, 1967, that (1) (we) last saw the deceased alive on 3 - 30 19 62, and that death occurred at 7 - 8 M, from causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING M.D. DIRECTOR director, page S should be filed 22c. PHYS!CIAN'S 22d. ADDRESS NAME (Type) 1.4000 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) millards REMOVAL (Specify) 24. FUNERAL DIRECTOR 250, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATEAPR

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04376 CERTIFICATE OF DEATH funeral s 1 and 2 ter death. , I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. Maryland b. COUNTRICOMICO a. COUNTY Wicomico PHYSICIAN: The law requires that the death certificate be executed within 24 limurs sitted MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, completely filled in by the ove carbon papers. Poge / event, within 72 hours of write RURAL and give nearest town)
Salisbury Salisbury 10 Yrs. d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) completely filled 311 N.Blvd., YES NO PE Sp. Hill Pr. Sani. 3 NAME OF Middle remove carbon 4. DATE Month First Lost DECEASED 67 DISHAROON WILSON ROGER 10 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years S. SEX 7 MARRIED I **NEVER MARRIED** 6 last birthdoy) Months Doys Hours Nov.24.1897 DIVORCED Female White WIDOWED 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR Life Insurance UCOUNTRY? 000 during most of working life, even if retired)
Retired Branch Manager Worester, Maryland 14. MOTHER'S MAIDEN NAME physi 13. FATHER'S NAME burial, cremation, or removo Henry W. Disharoon Ollie Coulbourn 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Helen Nock Disharoon sec 2 229-01-8974 No INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ser attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse has been be detached for use as the Stote Dept. of Health prior to 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO D 20o ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) S 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) MEDI Hour o.m. foctory, street, office bldg., etc.) Not While ot work of work deceased fram\_\_\_\_\_\_\_, 1960, ta\_\_\_\_3 - 3\_\_, 1966, that (I) (we) last 1966, and that death accurred at 3:308 M, fram causes and an the date stated above. 21. I certify that (I) (this haspital) attended the deceased fram. director, page 3 should should be filed with the saw the deceased alive an\_ DIRECTOR: 22o. SIGNATURE DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL Salisbury, Maryland Dr. Philip A. Insley NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION, 23b DATE THEREOF (County) REMOVAL (Specify) Wicomico Memorial Park Salisbury, M ryland 3-5-1967 Burial 255. REGISTRAR'S SIGNATURE **ADDRESS** 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Salisbury, Maryland Hill Funeral Home MAR 6 DATE nomont. Balser.





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and shauld be filled with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after deat VR A15 (4) 20 M 1/66

		04378 Item #2a,b,c * d	inforentaken CERIIFICATE	OF DEATH	cert.	04380				
1	ì	PLACE OF DEATH		2. USUAL RESIDENCE (	Where deceased lived, if institution:	Residence befäre admission)				
4	(	o. COUNTY	MARYLAND	IE o. STATE	b. COUNTY	Worcester				
	-	Wicomico  City OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16		utside corparate fimits, write RURAL	PIIPAL and give negrest town				
		write RURAL and give nearest town)		Berl		one give needed town?				
		Salisbury	<u> </u>		* 4					
	(	I. NAME OF HOSPITAL OR THISTITUTION (If not in hospital,	give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
G		Peninsula General Ho		<u> </u>	Box 389A	YES NO				
		NAME OF FIRST	Middle	Lost	4 DATE Month	Day Year				
	- {	Type or print) ISABC	<u> 194</u>	NCQN	DEATH ///4 RC	1 1967				
	5 5	EX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED	B DATE OF BIRTH		F JNDER   YEAR   IF UNDER 24 HRS.				
		JALE NEGRO WIDOWED	DIVORCED	3-7-67	Yrs.	Nonths Doys Hours Min				
1	100		IND OF BUSINESS OR		& State, or foreign country)	12 CITIZEN OF WHAT				
	duri	ng most of working life, even if retired) IA	NDUSTRY	Wicon		COUNTRY?				
J	13	FATHER'S NAME		14. MOTHER'S MAIDEN		01.0.11				
-	1 0	Ad lastice Danielas								
ı	10	MC10/0FBUS DUUGIAS	JUNCHIN	HUGGEG	Spence					
	15 (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 4  16.  16.  17.  18.  19.  19.  19.  19.  19.  19.  19	SOCIAL SECURITY NO 17. I	NFORMANT	Address Address	in Md,				
-1	,		1	Mily Spei	DCC R.F.L	0 #3-BOX 38919,				
- 1		IB. CAUSE OF DEATH (Enter only one cause per line for	r (o), (b), and (c).)	,		INTERVAL BETWEEN				
-		PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ONSET AND DEATH								
- 1		DUE TO		1						
١		Conditions, if ony, which gove ) (b)	emplen	depon						
		rise to immediate couse (a),			-					
		stoting the underlying couse	mental S	enerte						
		, 17		0		10 Mac Autoney				
2	3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	10 DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(0)	19 WAS AUTOPSY PERFORMED?				
	CEITTEICATION		YES NO							
	萷	20o ACCIDENT WAS UNDERLYING ☐ 20b DI								
ų		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	MEDICAL			CE OF INJURY (Home, farm		(County) (State)				
	뮢	Hour o.m. While of wor		ory, street, office bldg., etc.	)					
	- 1	21. I certify that (I) (this haspital) atten			19ta	_, 19, that (I) (we) last				
	- 1	saw the deceased sive on	10 and that			d an the date stated above				
		22g. SIGNATURE	, und ind	dealli decolled di	Tin, stain caoses and	22b. DATE SIGNED				
-1		220. STORATORE K	eller kn	D. PHYS	MED. STAFF DIRECTOR PHYS.	ZZU. DKIL JIGHLD				
		22c. PHySician's	TO THE PARTY OF TH	22d. ADDRESS	DIRECTOR LL PHTS. LL					
		NAME (Type)		220. 70270						
		CURVE CREATER AND A CONTRACT OF THE CONTRACT O	Lan Alberta Control	CDELL FORM	I and the second second					
	230.	BURIAL (REMATION, 23b DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	, , , , , , , , , , , , , , , , , , , ,				
		REMOVAL (Specify) 3-9-67	L'EDAR Chap		NEWARK	wor. Md,				
	24	FUNERAL DIRECTOR	7 ADDRESS	250 RECI	BY REGISTRAS 256 OFFICE	TRAR SAIGNATURE				



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04379 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a STATE Mary land Wicomico
CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) MARYLAND ve carban papers. Pages F gvent, within 72 haurs after Wicomico b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Salisbury

d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) filled in I e. IS RESIDENCE d STREET ADDRESS ON A FARM? Peninsula General Hospital 3. NAME OF DATE Year campletely DECEASED **JOHN** Kes. SR DEATH (Type or print) IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS lease\_remove last birthday) Manths 10 Haurs in any May 11, 1911 WIDOWED DIVORCED guo TOa USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY Pump Co. during most of working life, even if retired) COUNTRY? ang physician Worcester County, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, attending phys permit. Then p Charles H. Dykes Lula V. Davis NFORMANT Mrs. Maude Pruitt Dykes (Wife) 607 Monroe Street, Salisbury, Maryland TS WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, na, or unknown) (If yes give war or dates of service) 222-07-6263 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter anly are cause per line for (a), (b), and (c) )
PART I. DEATH WAS CAUSED BY: burnal-transit ONSET AND DEATH Hungaideal IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. signed by DUE TO Canditians, if any, which gove rise to immediate cause (a). DUE TO as the stating the underlying cause has been last. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES IX certificate 20g ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH N/A (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m factory, street, affice bldg., etc.) Not While at wark at wark 21. I certify that (1) (this hospital) attended the deceased fram. , 1967, that (I) (we) last director, page 3 shauld shauld be filed with the 19 67, and that death accurred at 7 2 M, from causes and on the date stated above. O FUNERAL DIRECTOR: saw the deceased alive on. 3-31 22a, SIGNATURE 22b. DATE SIGNED STAFF PHYS. April DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) James L. Clifford Salisbury, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF (County) (Stote)

Wicomico Memorial Park

ADDRESS

2,1967

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

Salisbury, Maryland

2Sb. REGISTRAR'S SIGNATURE

Melizales Judge

2So. REC'D BY REGISTRAR

1967

VR A15 (4) 20 M 1/66

REMOVAL (Specify)

24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH

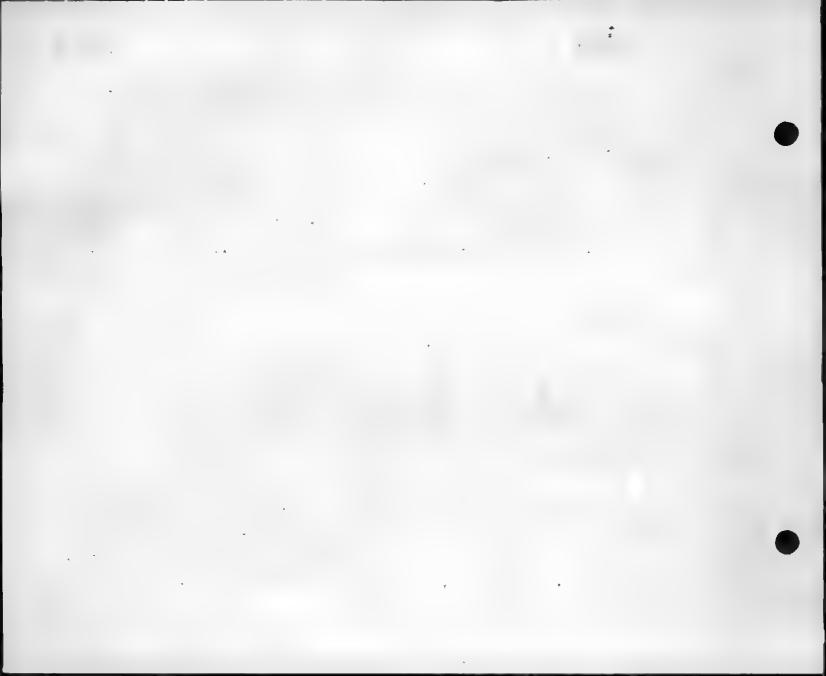
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04380 CERTIFICATE OF DEATH

		0438	0		CERTIFICA	re of	DEATH			0	438	2		
	1 PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)								
	C	o. COUNTY Wicomico MARYLAND				0.	o. STATE b. COUNTY							
	ŀ	b CITY OR TOWN (If outside corporate limits C. LENGTH OF STAY IN 1b					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
		write RURAL and give nearest town)					,				2 - 4	,		
, ,			sbury		since 12/31	/66	Rural REET ADDRESS	<u>– Ber</u>	clin	4		S RESID	CNICE	
2/	C	I, NAME OF HOSPII	AL OR INSTITUTION (If n	of in nospital, g	ive street oddress)	0 211	KEEL ADDRESS				(	ON <u>A</u> FA	RM2	
		Pine Blu	Iff State	Hospit	al	R	# 1. P	lox 90			YES		NO Lat	
j.		NAME OF	F	irst	Middle		Lost	4. DATE	Mon	th	Doy	Yea	ſ	
4		DECEASED Type or print)	JOHN	JOIL	RNEY ELLI	ОТТ		OF DEATH	Mon	ech	25	19	67	
	\$ 5	EX	6 COLOR OR RACE	7. MARRIED		8 DATE	OF BIRTH	9.	AGE (In years	FUNDER 1	YEAR IF	UNDER		
		2.0	TAY	WIDOWED	DIVORCED I		13, 1	907	lost birthdoy)	Months	Doys	Hours	Min.	
	10o	M. JS.JAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR		IRTHPLACE (Count			12 CIT	IZEN OF W	/HAT		
		ng most of working	life, even if retired)	1N	DUSTRY		,				JNTRY?			
	17	Watern	nan			S	Omerset	CO.	Maryla	ad US	jA			
	13	13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME												
			Elliott					Messi						
			R IN U.S. ARMED FORCES? (If yes give wor or dates		SOCIAL SECURITY NO. 1	INFORM	ANT		Addr	ess				
	Tru.	No	(ii yes give mer or cores	22	0-16-9691-A	Re	cords o	f Pine	Bluff	Hospi	tal			
			ATH (Enter only one co								INTERV	AL BETV		
		PART 1 DEAT	TH WAS CAUSED BY.	(0)	Coronary Oc	olue	ion				2 W	AND DI	EATH	
		4201	DUE		Coronary of		LULL							
		Conditions, if ony,		(b)										
		rise to immediat	e couse (o), DUE			-								
		stating the under	rlying couse	{c)										
			CHIERCANT CONDITIONS		O DEATH BUT NOT DELATED 1	O TUE TED	UNAL DISCASE CO	MDITION CIVE	U IN DART 1/-\		1 10 W	OTILA ZA	YZQ	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)									PERFORMED?				
	CERTIFICATION										YES		NO J	
		200. ACCIDENT WAS	S UNDERLYING 🗀 Cause of Death	205 DE	SCRIBE HOW INJURY OCCURR	D. (Enter n	oture of injury in	Port I or Port	II of item 18.)					
			MEDICAL EXAMINER)											
	MEDICAL	20c. TIME OF INJE	JRY Month, Day, Yeor		IJURY OCCURRED 20e.	LACE OF IN	JURY (Home, for	m, 20f.	{City or town}	(Cou	inty)	(5	Stote)	
	핗	Hour o.r	10	While of worl		octory, stre	et, office bldg., etc							
		-					12/31	1966 to	3/25	196	7 that	(II) (s	ve) Ins	
			eceased alive an_	3/2		hat deat	h occurred a	D. TO M	from couses	and an th	e date	stated	above	
		22o. SIGNATURE									TE SIGNED			
			ERIA.	1-/)^	4.4	M.D PH	TENDING	MED. DIRECTOR	STAFF D	7 3/2	6/67	,		
		22c. PHYSICIAN'S	4.10	and the	14/5	* 11	d. ADDRESS	DIRECTOR	3 1113.	-1 3/2	107 07			
- /		NAME (Type	E.P. Ri	tching	s, M.D/		Rine Bl	uff St	ate Hos	spital				
6	220	BURIAL, CREMATIC	ON. 23b. DATE TH	EDENE	23c. NAME OF CEMETERY				ATION (City or To		(County)	70 10 100	oto)	
X		REMOVAL (Specify	1 1014		party.			1 -		4	, ,,,	(3)	orel	
10	0.4	FUNERAL DIRECTO	32	0 67	ADDRESS VR	1066	AC - DCC		571541			11	0	
	24	TUNEKAL DIKECIU	A. Bin	/	ADUKESS	- 1	2Sa REC	D BY REGISTR	967 3	EGISTRAR SESI	JIN TOKE	se.		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Vureical director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers Pages 1 and 2 shauld be filled with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Page 4 may be retained by the haspital or attending physician.

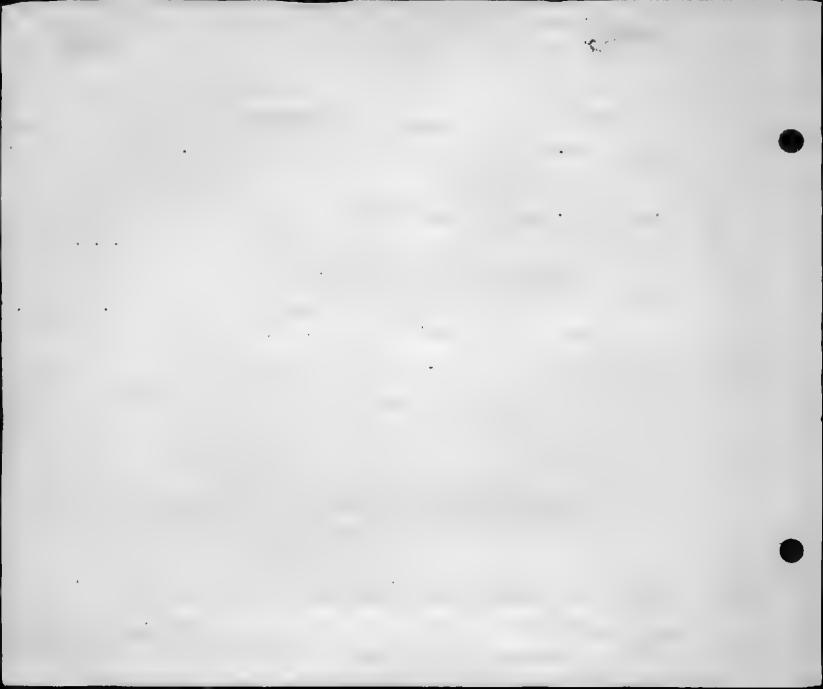


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours all death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ettending physician and completely filled in by the titendine physician and completely filled in by the titendirector, page 3 should be detached for use as the burial-transit permit. Then please femeral, and on appers. Pages 1 and 2-should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH									
	04381 CERTIFICAL	TE OF DEATH	TREET, BALTIMORE 1, MARYLAND 04383							
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Who	ere decessed lived, If institution, Residence before edimission)  b. COUNTY							
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)									
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)	Salisbury d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?							
3.	NAME OF St. 683  PECEASED  Middle	683 Fitzwate	TE Month Day Year							
	(Type or print) Charles	etcher	March 6 1967 _							
5.	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 18.	. DATE OF BIRTH	9. AGE (In yeers IF UNDER I YEAR   IF UNDER 24 HRS.							
	M C WIDOWED DIVORCED	12/26/1895	Months Days Hours Min.							
100	USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)		te, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
-	Labor	Maryland	U.S.A.							
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	Unknown	Emma Fletc	her							
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. It is, no, or unkown) (Ifyesgivewerordetesofservice)	INFORMANT	Address							
		Frazier 683	Fitzwater St.Salis-Md.							
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]									
	PART I. DEATH WAS CAUSED 89, Congestive Hear	rt Failure	onset and death 2 days							
	, X DUE TO									
	Conditions, if eny, which ) (b) Essential Hyper	rtension	4 yrs							
	gave rise to immediate cause		-							
	(c) steting the underlying DUE TO									
Z	(c)									
ATIC										
	20b. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Itam 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Hour e.m.  P.m. 19   4 work   et wo									
	21. I certify that (I) (MAXAGENIA) attended the deceased from saw the deceased alive on	1/16/63 19 19 PM, death occurred at 2 PM,	from the causes and on the date stated above.							
	220. SIGNATURE U Quely CAT.	ATTENDING MED.	R PHYS. 3/9/67 SIGNED							
	22c. PHYSICIAN'S NAME (Type) Ivory U. Sully, Jr., MI	D P. O. Box	126, Berlin, Md.							
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, town or county) (State)							
	REMOVAL (Specify) Burial 3/4/67 Green arcas	deratory   S	alisbury, Maryland							
24	EUNERAL DIRECTOR'S SIGNATURE ADDRESS		REGISTRAR 25b. REGISTRAR'S SIGNATURE							
6	histor F. Stewart Salis 9.	Mol. DATE AR 1 5	F 1904 Travers Just							

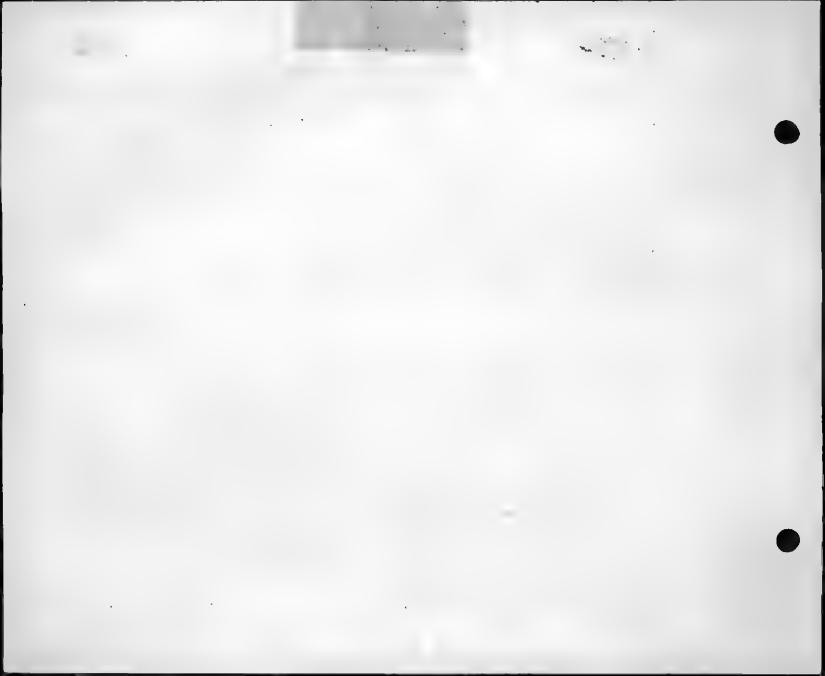
VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04383 CERT!FICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution a. COUNTY b. COUNTY Wicomico MARYLAND hin 72 hours after requires that the death certificate be executed within 24 hours after filled in by the f n popers. Poges CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS YES NO Peninsula General Hospital 3 NAME OF Middle UD Year completely DECEASED MARCH 19 67 (Type or print) DEATH tron 8 IF UNDER 24 HRS. SEX AGE IF UNDER T YEAR **NEVER MARRIED** remove birthday) Months Days Hours ond in ony DIVORCED and 12. CITIZEN OF WHAT TOo USUAL OCCUPATION (Give kind of work done eose physician ( during most of warking life, even if repred) INDUSTRY Loouseur 13. FATHER'S NAME signed by the attending physi burial-tronsit permit Then pl burial, cremation, or removal, attending physoermit Then F 16 SOCIAL SECURITY NO INFORMANI Address (Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: moulie IMMEDIATE CAUSE (a) be retained by the hospital or attending physicion. DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to be detached for use as the State Dept. of Health prior to WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part/i or Part II of item 18) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While at work 21. I certify that (I) (this-hospital) attended the deceased fram. 12-22- 1965 to - . 19 67 that (1) (we) last and that death accurred at \_\_\_\_\_\_\_ M, fram causes and an the date stated above. saw the deceased alive an... 3-6-1967, 22a. SIGNATURE 22b. DATE SIGNED STAFF DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Poge 4 moy ( Sueal NAME (Type) LOCATION (City or Town) 23a BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stat∉) (County) 24. FUNERAL DIRECTOR ADDRESS 2Sq REC'D BY REGISTRAL 2Sb/REGISTRAR'S VR A15 (4) 20 M 1/66



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campiètely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave arban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the smath certificate se executed within 24 hours after seath.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4)<sup>N</sup> 20 M 1/66

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

14386

04384

1		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)						
1	'	a COUNTY  MARYLAND  MARYLAND	O. STATE B. COUNTY W. CO. O. S. T. T. CO.						
-		Wicomico  MARYLAND  b. CITY OR TOWN (If outside carparate limits.   C. LENGTH OF STAY IN 1b	c CUY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
		write RURAL and give nearest tawn)	C CAT OK TOWN ENTOUTSIDE COMPONE HIRMS, WITHE KOKAL CHILL GIVE HEALEST TOWN						
		Salisbury	QCEAN CITY						
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE						
,		,	ON A FARM?						
		Peninsula General Hospital							
		NAME OF First Middle	Last 4. DATE Manth Day Year						
		(Type or print) CAROCINE TO	ilbert DEATH March 4 1967						
,	_		8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.						
	1	Tama(e) 11)6, te WIDOWED DIVORCED DI	lost birthday) Manths Days Haurs Min.						
	1	21. 0 7. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1882 84 hz						
		JSJAL OCCUPATION (Give kind of work dane ing mgst of working life, even if retired) INDUSTRY	11 BIRTHPLACE (County & State, or fareign country)   12 (TTIZEN OF WHAT						
	OUT	ing most of working life, even if retired) INDUSTRY	FLARIDA COUNTRY?						
	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME						
	10.		14 MOTHER 3 MANUAL MANUE						
		white	unklatter						
	15	WAS DECEASED FVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. If yes gifte war or dates at service)	INFORMANT Address /\ () MI>						
	(16	s, no, or unknown) [It yes gife war or dates at service]	b. HARDID BY AGOT CEANCID.						
		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)).							
		INTERVAL BETWEEN ONSET AND DEATH							
		select 18th Sections much							
		MMEDIATE CAUSE (a) TO DUE TO							
		Canditians, if any, which gave ) (b)							
		nse to immediate cause (o),							
		stating the underlying couse							
		last. (c)							
-	~	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY						
1	CERTIFICATION		PERFORMED?						
,	2	DO ACCORDANG WAS UNDERLYING FOR	1 [2]						
	RTI	20a accident was underlying □   20b. describe how injury occurred.	(Enter noture of injury in Part I or Port II of item 18.)						
		(IF EITHER, NOTIFY MEDICAL EXAMINER)							
	Ā		ACE OF INJURY (Home, form, 20f (City or town) (County) (State)						
	MEDICAL	Haur a.m. While Not While foct	tory, street, office bldg., etc.)						
		p.m. 19 at work — at wark —	6.3						
		21. I certify that (I) (this haspital) attended the deceased-fram	6-72, 196/, ta 274, 190/that (1) (we) last						
		saw the deceased alive an	at death accurred at 6:15 M, fram causes and an the date stated above.						
		22a. SIGNATURE	22b. DATE SIGNED						
		10000000 MJ	ATTENDING MED STAFF						
		22c. PHYSICIAN'S	22d. ADDRESS						
,		NAME (Type)	ZZO. MUUNLIJ						
1									
_	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF							
		NREMOVAL (Specify) 3 7 67 RIVERS	IDE BISELIN WIDE RINKID						
	24		1 APP DELIE BA DECEIVED I ACP DESIGNADO CHEMATINE						
K	24	TYUNERAL DIRECTOR ADDRESS ADDRESS	250 RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE CHAPLES Quelles Quelles						



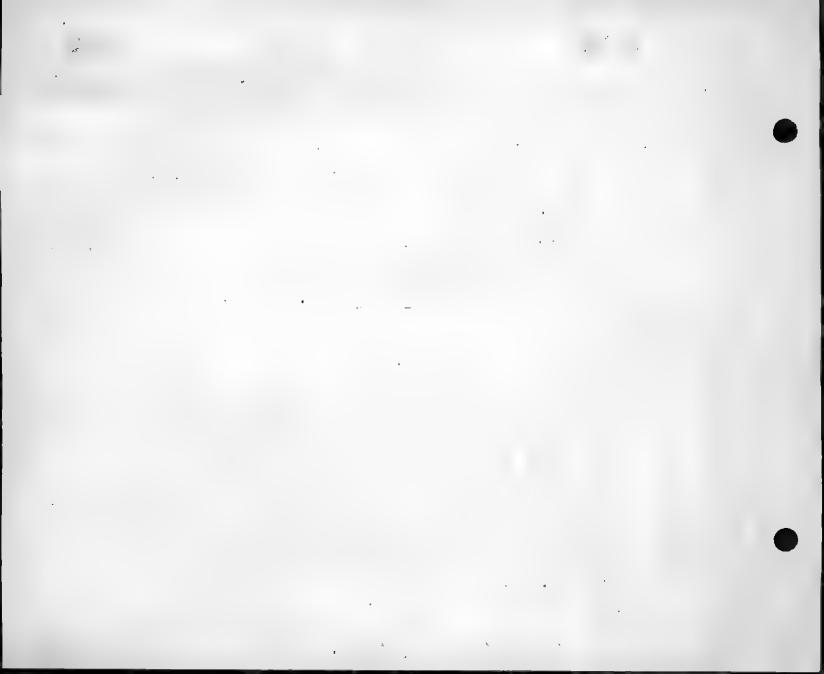
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
04385
CERTIFICATE OF DEATH
04387

1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
	WICOMICO MARYL	IAND	a. STATE MAKYLAND b. COUNTY WICOM, CO						
	b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	write RURAL and give nearest town)  SALIS BURY  5 MOS.		SALISBURY						
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street ad	ddress)	d. STREET ADDRESS I e. IS RESIDENCE						
	WICOMICO NURSING HOME	,	ON A FARM?						
2		!	1017 SMITH SI YES NO X						
٦.	DECEASED (Type or print) Slean and Sunstein O	1/-	Last 4. DATE Month Day Year						
-5	aspect printy Clearing For	Im	DEATH / 196						
٠.		' LZI	B. DATE OF BIRTH  9. ACE (In years   F UNDER 1 YEAR   F UNDER 24 ARS.   last birthday)   Months   Days   Hours   Min.						
100	WIDOWED DIVORCED		7/1/1896 70 yrs.						
dur	LUSUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR Ingroost of working life, even if retired)   INDUSTRY		11. BIRT MPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	PRACTICALNURSE   RET. NURSE	-	NEW YORK STATE U.S.A.						
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	ALEXANVER GILMORE		ESTHER BUNSTEIN						
15 (Yr	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. is, no, or upknown) ((If yes give war or dates of service)	. 17.	INFORMANT Address # 7						
	NO THOUSAND	1 1	PAVID J. GILMORE SEE 1						
Ĩ	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)	).]	INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY:	10 -	- PV) MORARI Fail DIC ONSET AND, DEATH						
	334X DUE TO .								
Н	Cenditions, If any, which \ (a)	(,)	Crocis with cerebra indust 19413						
	gave rise to Immediate ( cause (a), stating the DUE TO								
П	underlying cause last. (c)								
NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OTRELA	TED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY						
CERTIFICATION	PERFORMED? YES NO P								
TIE!	203. ACCIDENT WAS UNDERLYING TI 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enternature of Injury In Part Los Part II of Item 18.)								
S	DR CONTRIBUTING PCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	- (2	Spring Oul) NUTSIAG Many						
PA.	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   2	De. PLAC	CF OF INJURY (Home, farm,   20f. (City or town) (County) (State)						
MEDICAL	Hour a.m. Och 1019 66 at work at work	factor	ry, atreet, officebidg., etc.) Secured Jry (0)2 Md						
Σ									
	21. I certify that (I) (this hospital) attended the deceased fri		death occurred a 35 PM, from the causes and on the date stated above.						
	22a. SIGNATURE.	ng that	death occurred again, from the causes and on the date stated above.						
	DOLED PURCHOOM	811 15	ATTENDING - MED STAFF - 3/3/1/67						
	22c. PHYSIGIAN'S  1 22d. ADDRESS								
	NAME (Type) NI. D. STEPHANIDE	<	1111 DAUIS ST, SALISBUKIN						
23a		METERY	OR CREMATORY   23d. LOCATION (City, town or county) (State)						
1	3URIAL (Specify) 4/4/1967 GAR	6	METERY SUMMIT HILL, PENN.						
24	FUNERAL DIRECTOR ADDRESS	1	25a. REC'D BY RECISTRAR   25b. REGISTRAR'S SIGNATURE						
	Hambling Will hohis	has	4 DAPR 4 1967 Icharles Judge						
	Augustin 10 10 security 1001 1 4 1001 1 4 1001								

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04386 CERTIFICATE OF DEATH anthrogent, within 72 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) and PLACE OF DEATH o. COUNTY Maruland MARYLAND CIT OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Delmar **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haur d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) papers. e IS RESIDENCE ON A FARM? .≘ d STREET ADDRESS Peninsula General Hospital YES NO T RouteNo. corban 3 NAME OF Middle 4 DATE Doy Year First Lost Month DECEASED 196 (Type or print) DEATH SEX 6 COLOR OR RACE 9. AGE (In years 1 YEAR IF UNDER 24 HRS DATE OF BIRTH етоме birthdoy) Months Doys Hours Sept. 19. Cauc. 1896 WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done TOB, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Contractor COUNTRY? INDUSTRY and Building Suriname Dutch Guina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar removal. Alexandria Edward Green Sperling 1s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service Ricker 6529 Mrs. Và. 579-03-2519-A inaton 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signal ly the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse oe aerached far use as the State Dept. af Health prior ta has been last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO be retained by the haspital ar 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg , etc ) TO FUNERAL DIRECTOR: After at work 21. I certify that (1) (this haspital) attended the deceased fram director, page 3 should should be filed with the and that death accurred at 10 A.M. fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. PHYS DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S Page 4 may NAME (Type) Smith Wm. Salisbury 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) National Memorial Pk. Falls Virginia Church. **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 ■ 1/66

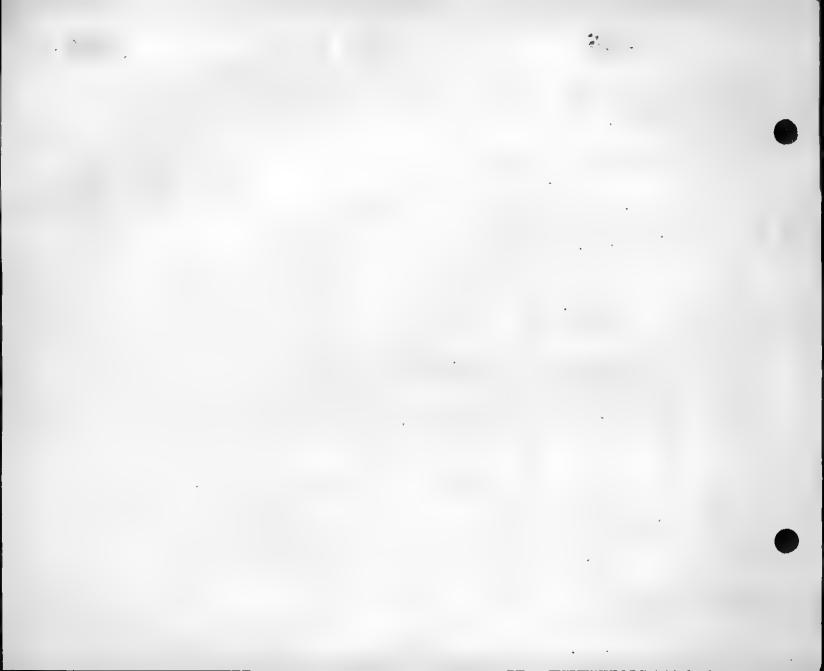


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04387 CERTIFICATE OF DEATH ATTINDING PINYILGIAN: The law requires that the Unath certificate be exempted within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY  ${
m WICOMICO}$ MARYLAND MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Pag and give neorest town) l dav City ocean d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. 15 RESIDENCE ON A FARM? d. STREET ADDRESS PENINSULA GEN. HOSPITAL YES NO Y PACIFIC 3 NAME OF Middle First 4. DATE Lost Month Dov DECEASED 1967 New Contraction (Type or print) EDWARD RUSSELL. GREEN DEATH MARCH IF UNDER 24 HRS. 5 SEX AGE (In years 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED lease remay and in any ex lost birthday) Months Dovs Hours MALE WHITE WIDOWED DIVORCED 10o USUA, OCCUPATION (Give kind of work done ID6 KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) physician ( INDUSTRY COUNTRY? RETIRED MARYLAND II.S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, GREEN attending p JOHN NELLIE BROOKS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address permit. (Yes, no, or unknown) (If yes give war or dates of service) GREEN burial, crematian, INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) þ be retained by the haspital ar attending physician. signed k DUE TO Conditions, if ony, which gove erios rise to immediate couse (a), DUE TO has been s se as the t th priar ta b stoting the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Health p CERTIFICATION YES 🗍 NO this certificate 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH ał. detached (IF EITHER, NOTIFY MEDICAL EXAMINER) age 3 shauld be detache filed with the State Dept. MEDICAL 2Dc TIME OF INJURY Month, Dov. Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Df. (Stote) (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) Not While After of work of work 21. I certify that (I) (thus haspital) attended the deceased from 19 6), to FUNERAL DIRECTOR: saw the deceased alive an and that death accurred at M, from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED M.D. PHYS. PHYS. director, page shauld be filed 22d. ADDRESS 22C PHYSICIAN'S Page 4 may NAME (Type) K. CARNEY EDVARA MEDICAL CENTER, SALISBURY. MARYLAND 23b, DATE THEREOF BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 230 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (STENIT) 3/26/1967 PARSONS CEMETERY SALISBURY, AMRYLAND 9 FUNERAL DIRECTOR ADDRESS 25a REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04388 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) BACOUNTY DRC STER o. COUNTY Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR FOWN Lift outside corporate limits, write RURAL and give negrest town) Salisbury
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS completely filled in ove darbers X NO YES Peninsula General Hosnital 3 NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED (Type or print) 19 67 MARCH GRIFFIN om45 DEATH IF UNDER 24 HRS burial, cremotian, or removal, and ın any eve 5 SEX 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED **NEVER MARRIED** please remove east birthdoy) Months Days Hours WIDOWED DIVORCED puo 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 10o. US. JAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY physicion 2 ERLIN 1-DING-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI FFIN 12411M WAS DECEASED EVER IN L.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, prunknown) (If yes give wor or dotes of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for to). signed by the burial-transit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Page 4 may be retained by the hospital or ottending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse prior to hos been as the PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? director, page 3 should be detached for use should be filed with the Stote Dept. of Health NO this certificate 205. DESCRIBE HOW INJURY OCCURRED. JEnter noture of injury in Port 1 or Port 11 of Item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg , etc.) After at work L 21. I certify that (1) (this haspital) attended the deceased from sow the deceased blive on? 7, and that death occurred at 405 M, from causes and on the date stated above FUNERAL DIRECTOR: 220 SIGNATURE 22b. DATE SIGNED STAFF M.D. DIRECTOR PHYS 22c / PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR-CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) BYER GREEN 2 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 196

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04389 FOR STATE State Departmenrol HEALTH

1

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04391

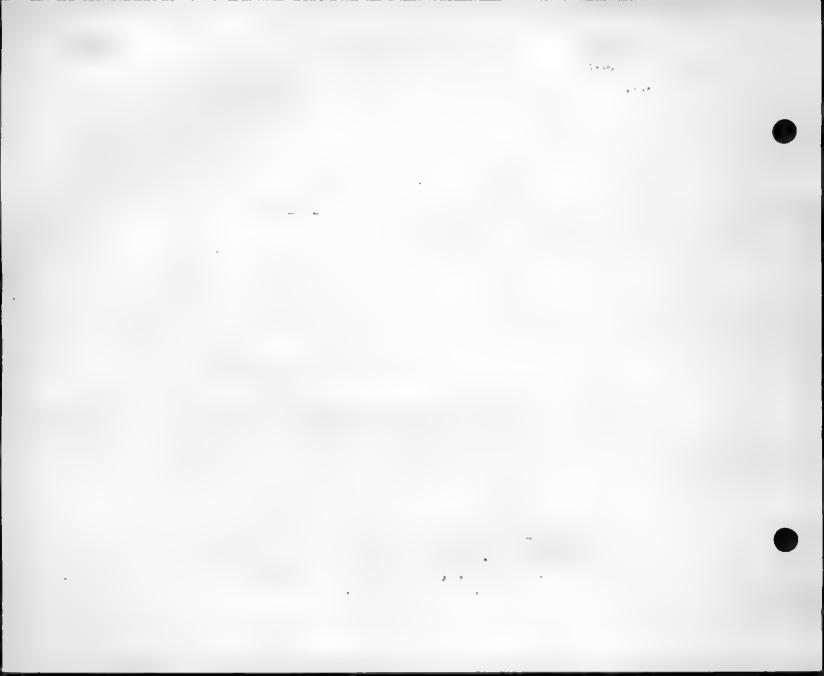
PLACE OF DEATH  COUNTY	2 USUAL RESIDENCE (Where deceosed lived, if institution Reside								
Wicomico MARYLAND		comico							
b CITY OR TOWN (if autside carporote limits, c LENGTH OF STAY IN b	c C TY OR TOWN (If outside corporate limits, write RJRAL and gi	ve neorest fown)							
write RURAL and give nearest town) Salisbury	Salisbury	? . /							
d NAME OF MOSPITAL OR INSTITUT ON (If not in hospital, give street address)	d STREET ADDRESS	e S RESIDENCE ON A FARM?							
DOA Peninsula General Hospital	623 Ridge Road	YES NO							
3 NAME OF First Middle DECEASED (Type of pool) STANLEY	HALL OF March 29	Day Year							
/ /po o piiii /	DENIII	<b>, 1967</b> 19							
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARR ED 1 MALE WIDOWED 32 DIVORCED 1	12-26-1888   7 Not (11 years)   Control of the cont	Days Hours Mn							
10a USUAL OCCUPATION (Give king of work done) 10b KIND OF BUSINESS OR		T ZEN OF WHAT							
during most a) work rigilite, everyly retired)	1 1	PUNTRY? 1							
13 FATHER'S NAME	14 MOTHER'S MAJORN NAME	DI BY IT							
2 6 4/ 00	Da landth								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	7 INFORMANT Address 6.2	A Rida D. (							
(Yes, no, or unknown) (If yes give wor or dotes of service)	mis Juganta, Andutor Sa	1- Juger love							
318-03-3114	Mes. Juanila Lindutor Sa	NTERVAL BETWEEN							
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I, DEATH WAS CAUSED BY:									
, IMMEDIATE CAUSE (o) COPONARY OCCLUSION									
Conditions, if only, which gove ) DUE TO  Arteriosclerotic heart disease									
use to immediate cause (a)	rc heart disease	years							
stating the underlying cause DUL TO	stating the underlying cause (								
last. (c)									
PART I OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	PERFORMED?  YES NO								
LE   2Da EXTERNAL CAUSE WAS   20b DESCRIBE HOW NJURY OCCURRE	ED (Enter nature of injury in Part 1 or Port II of item 18.)								
		ounty) (State)							
Hour a m.  p.m.  19 While Not While of work	foctory, street, office bldg., etc.)								
21. I certify that I taak charge of the remains described above,	held an Autapsy , Inspection X, Inquiry X,	and in my apınıan							
	vicide   Ham cide   Jndetermined manner	write.							
11 11 11 11 11 11 11 11 11 11 11 11 11	CHIEF MEDICAL EXAMINER	_							
SIGNATURE ENGLY	M.D. ASSISTANT MED CAL EXAM NER	22. DATE SIGNED							
EXAMINER'S Earl L. Royer, M.D.	DEPUTY MED CAL EXAMINER 🔀 March	30, 1967							
NAME (Type) 409 Camden Ave. Salisbury, Md									
230 BURIA , CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY O		(County) (State)							
Burest april 1967 Gratous	-Hallwood	Da							
24 FUNERAL D RECTOR ADDRESS	250 A BY REGISTRING 250 PROJECTS	JENA URLAGE							
Lilliston Funeral Home, Accomac, Virgin	nia DATE 4 1307	0 0							

VR A15ME (5) 6M 1/67

necessary, please execute the certificate, writing the word "pending" in penci in Item 18 Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office-along, with farm PM3. Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer deoth. If any delay is

5 may be retained for your files.

10 FUNERAL DIRECTOR: Page 3 should be used as a bunal-transit permit. File pages 1 and 2 with the Health prior to burial, cremotion, ar removal, ond in any event within 72 hours ofter death



VR A15ME (5) 6M 1/66

BURIAL CREMATION

24. FUNERAL DIRECTOR

he

REC'D BY REGISTRAR

LOCATION (City or Town)

REGISTRAR'S SIGNATURE 25b

(County)

NO

Year

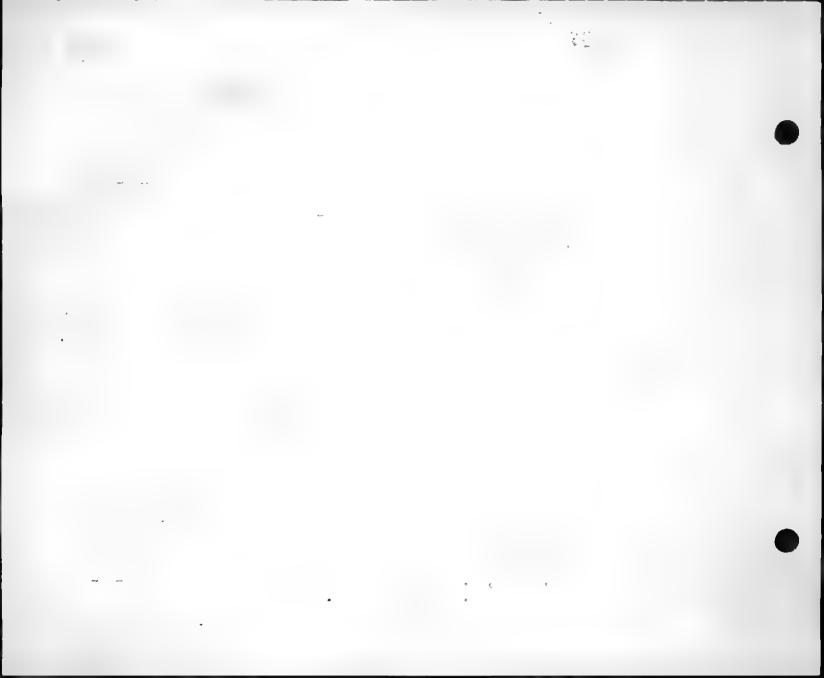
FUNDER 24 HRS.

NO

(Stote)

19

Hours



1)

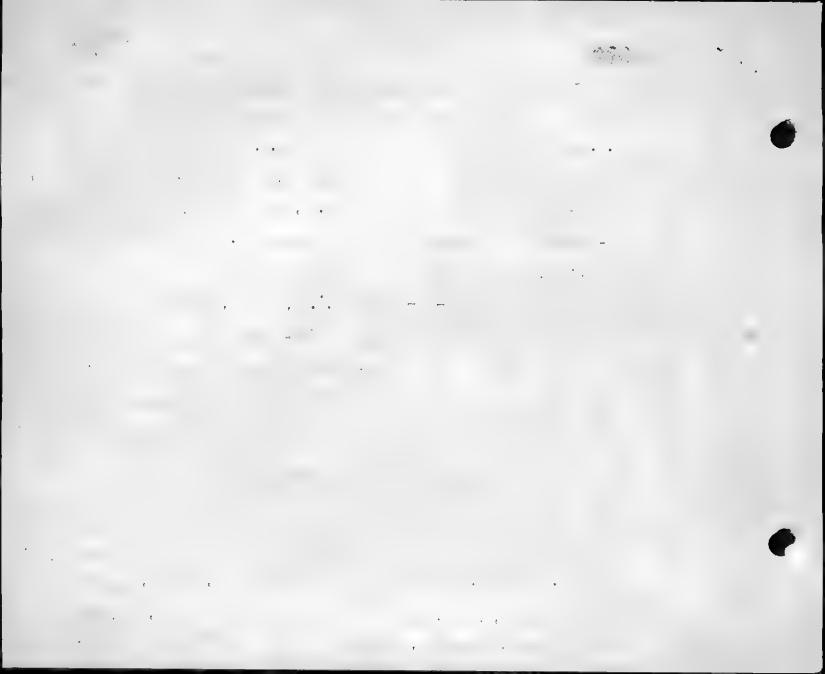
TO HOPPITAL OR ATTINBING PHYNICIAN: The law requires that the death certificate be exacuted within 24 haurs after death. TO FUNERAL DIRECTOR: After this cerificate has been signed by the attending physician and camplefely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon, appers. Pages I and should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death Pagil 4 may be retained by the haspital ar afterling physician.

VR A15 (4) 20 M 1/66 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

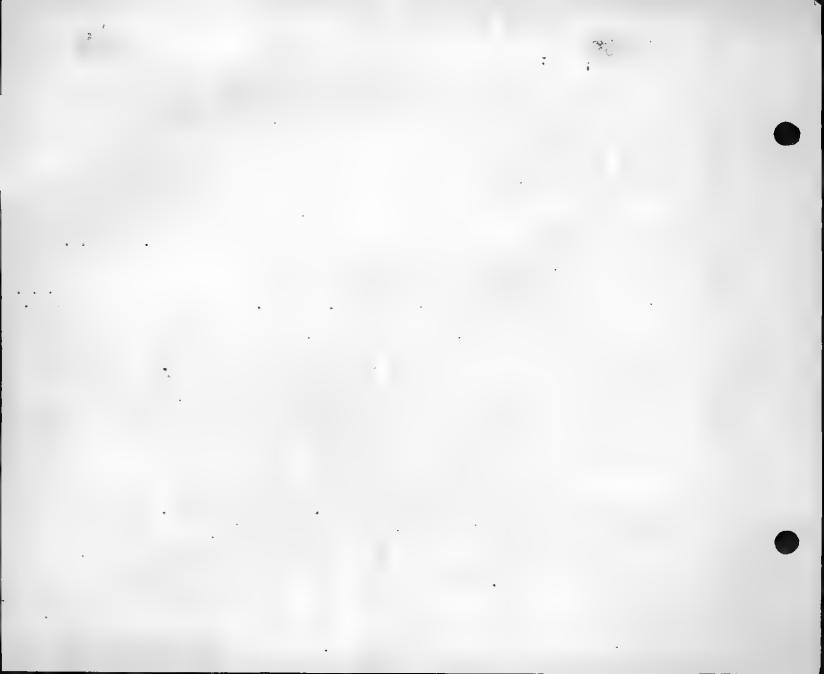
	0439	2		CERTII	FICATE	OF	DEATH			043	93			
1	PLACE OF DEATH o. COUNTY	Wicomico		MAR	YLAND	o. ST	Mary	land		Do Do	rche	ester	' /	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury			c. LENGTH OF STAY		t. CITY (	ITY OR TOWN (If outside corporate limits, write RURAL and give Cambridge			neorest	town)			
Г	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Deer's "ead State Hospital					d STREET ADDRESS 808 Phillips Street						B IS RESIDENCE ON A FARM? YES NO X		
3.	NAME OF DECEASED (Type or print)	Hat	rst bie	Bishop			ost ghes	4. DAT OF DEA	Mone		Doy Year 19 19 67			
S.	Female	6. COLOR OR RACE Colored	7. MARRIED WIDOWED	NEVER MARRIE  DIVORCE	~ L	DATE O	F BIRTH 5. 1900		9. AGE (In yeors last birthdoy) 66 yrs	IF UNDER Months	Doys Doys	IF UNDER Hours	Min.	
dυ	100 JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  13. FATHER S NAME					Do	THPLACE (County  rcheste THER S MAIDEN 1	r C	r foreign country)		IZEN OF UNTRY? US			
15	WAS DECEASED EVE	John Wate	16	SOCIAL SECURITY NO.		Bertha Ennalls								
-	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)						dllie Johnson Cambridge,						INTERVAL BETWEEN ONSET AND DEATH	
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost.  Out TO DUE TO Chronic pyelonephritis Diabetes mellitus								Years Years					
CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO Amemia											19 WAS AUTOPSY PERFORMED? YES NO		
A CERTIFICATION	20.5 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING (II CAUSE OF DEATH (II EITHER, NOTIFY MEDICAL EXAMINER)													
MEDICAL	p.m. 17   of work 🖵 at work 🖵									`	inly)	,	Stote)	
	saw the de	y that (I) (this ha	spital) atten	ded the deceased	fram_ and that	F'el death	accurred at	9 <u>66</u>	, ta Mar . M, fram causes	and an t	he date	e stated		
	220. SIGNATURE	MU	ille	4,	M.D	. PHYS	ADDRESS	MED. DIRECTO	R STAFF PHYS.		ate sign 20/6			
NAME(Type) L. V. Maldve, M. D. Deer's Head Hospital; Sali														
L	o. BURIAL CREMATIC REMOVAL (Specify BUTIAL) 4. FUNERAL DIRECTO	3/23			kins		k		Dorcheste			Md.	tote)	
1	- Hedrin	k C. SH	lair	Cambridg	e, Md		250 REGI MAR DATE	21	1967 25	tianila	Ju	de		



MARYLAND STATE DEPARTMENT OF HEALTH



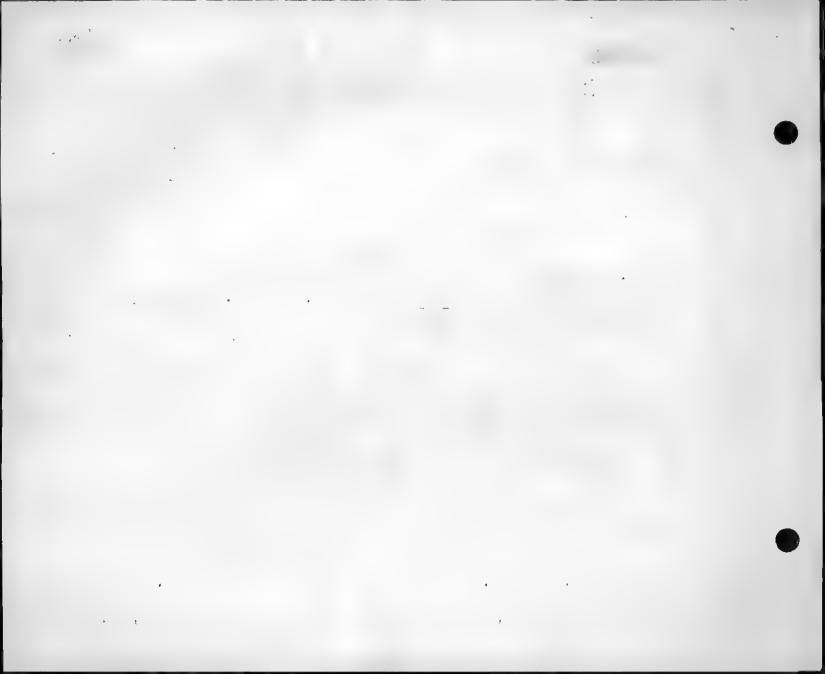
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04393 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. completely filled in by the funeral man carban papers. Pages I and y evept, within 72 haurs after deat 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH p. COUNTY b COUNTY Wicomico Maryland. MARYLAND Dorchester c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, C LENGTH OF STAY IN 16 write RURAL and give nearest town) Salisbury 30 days East New Market d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Deer's Head State Hospital Thompsontown YES NO X 3. NAME OF Middle Lost 4 DATE Year Day DECEASED (Type or print) rengeweg carbi Paul Jenkins ĎĖATH March IF UNDER 1 YEAR | IF UNDER 24 HRS AGE (In years lost buthday) 5 SEX 6. COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH NEVER MARRIED Months Doys Hours and in any WIDOWED DIVORCED 6-20-1892 Male Colored 9119 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote or foreign country) 12. CITIZEN OF WHAT physician a ten please INDUSTRY Factory COUNTRY? during most of working life, even if retired)
Day Laborer Dorchester County, Md. 14. MOTHER S MAIDEN NAME 13 FATHER S NAME burial, crematian, ar removal, Annie Stanley Robert Jenkins R.F.D. 15 WAS DECEASED EVER IN (15 ARMED FORCES?) 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, po, or unknown) (If yes give wor or dotes of service) 202-01-5809 Mrs. Grace H. Jenkins East New Market. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p 30 SEL AND DEATH PART I. DEATH WAS CAUSED BY Acute Mvocardial failure IMMEDIATE CAUSE (o). Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions if only, which gove Aneursym - thoracic aorta years? rise to immediate couse (a). DUE TO stating the underlying couse be detached far use as the State Dept, af Health prior ta Hypertensive arteriosclerotic cardiovascular PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 2 Broncho pneumonia and chronic emphysema certificate 20a ACCIDENT WAS UNDERLYING □ 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH O FUNERAL DIRECTOR: After this certi-director, page 3 shauld be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) ot work of work 21. I certify that (I) (this haspital) attended the deceased fram Feb. 8, 1967, ta Mar. 10, 197, that (I) (we) last directar, page 3 shauld shauld be filed with the saw the deceased alive on March 10 1967, and that death accurred at 8:35M, from causes and an the date stated above 220 SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR 3/11/67 22c PHYSICIAN'S 22d ADDRESS NAME (Type) Charles H. Winnacott, M.D. Deer's Head State Hospital, Salisbury (Stote) MC 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL, CREMATION, (County) REMOVAL (Specify) Near East New Market, Md. March 14,1967 Thompsontown Cemetery Burial 250, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR J. J. Framptom and Son, Federalsburg, Md. VR A15 (4) Milarles 20 M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04397

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D DEE		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
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by the funeral Pages and and activities activities and activities activities activities and activities activiti	H	MARYLAND MARYLAND WILLY LAND  OCTITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
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4 h h y h h h h h h h h	1	H. NAME OF HOSPITAL OR THISTITUTION (If not in haspital, give street address)  d. STREET ADDRESS  e is residence On a farm?
lled in 7		Peninsula General Hospital Cherry Walk Road YES X NO
		NAME OF First Middle Last 4 DATE Manth Day Year
A tage		TAULOR KOLLE DEATH MARCH 31 1967
e de la	۶.	FY A COLOR OF PACE 7 MARRIED TO STYLE MARRIED TO 8 DATE OF RIPTH 9 AGE ID VOICE 15 INDER 1 YEAR 1 F UNDER 24 HRS
5 5 S	E	EMALE WHITE WIDOWED DIVORCED February 15,1891 76 yrs 1 16 Hours Min.
e e e	100	USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR I), BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT
e b	dut.	ng most of working life, even if retired)  INDUSTRY  Pennsylvania  COUNTRY?  USA
icat Sici		FATHER'S NAME 14. MOTHER'S MAIDEN NAME
phy en ava		Edward Taylor Phoebe Gilbert
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requires that the death certificate be executed within 24 haurs after death sphysician.  signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remaye carban papers. Pages Tand is burial, cremation, ar remayal, and in any event, within 72 haurs after death is burial, cremation, ar remayal, and in any event, within 72 haurs after death	(Ye	s, ng, or unknown) (If yes give wor or dates of service) Mrs. Joseph G. Scott (Daugnter)
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t aris		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
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sicio sicio ed l ed l al-ti		Conditions, if any, which gave ) (b) phypertissive carellovies called desicuse 10 yrs.
equires physic signec burial burial		rise to immediate cause (a)
Tel on s d b		stating the underlying cause DUE TO
e law retending as been as the priarta		last. (c)
affe at the property of the pr	공	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19 WAS AUTOPSY PERFORMED?
AN: That are all are a	CERTIFICATION	YES NO 🔼
fical for far		20a. ACCIDENT WAS UNDERLYING \( \) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
rSICIAN: aspital ar certificate hed for u		(IF EITHER, NOTIFY MEDICAL EXAMINER)  N/A
PHYSI le hast his cer stache Dept.	MEDICAL	2Dc TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, Hour a.m. 401. (Caunty) (State)
** <del>+ + + + + + + + + + + + + + + + + + </del>	WE	Hour a.m.  While Nat While at wark at wark
		21. I certify that (I) (this-haspital) attended the deceased from 3/24 , 1967, ta 3/31/67, 19 , that (I) (we) last
		saw the deceased olive an $3/30$ $1967$ , and that death accurred at $5.150$ M, from causes and on the date stated above.
E E E E E		220 SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED.
OR ATTEN be retained DIRECTOR: ge 3 should led with the		M.D. PHYS. DIRECTOR DIRECTOR DIRECTOR DIPHYS.
AL P		22c. PHYSICIAN'S 22d. ADDRESS
PIT. FIRA		NAME (Type) Dr. George H. Henning Salisbury, Maryland
O HOSPITAL OR ATTER Page 4 may be retaine PuneRAL DIRECTOR: director, page 3 should shauld be filed with th	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
TO HOSPITAL Page 4 may   TO FUNERAL of director, page shauld be fill		Eurial April 3,1967 Arlington Cemetery Drexel Hill, Pa.
	24	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b, REGISTRAR SEGENATURE
VR A15 (4) 20 M 1/66		HOLLOWAY & COMPANY, SALISBURY, MARYLAND DAAPR 4 1967



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	NA			04396	CERTIFICATE	OF DEATH	1	04398
ter death	funeral Ter Geo		(	LACE OF DEATH  COUNTY  WICOMICO	MARYLAND	o. STATE MAR		icomico
llaurs af	in by the fu irs. Pages 1 2 haurs after			CITY OR TOWN (If outside corporate lim- write RURAL and give nearest town)  Salishiry  NAME OF HOSPITAL OR INSTITUTION (If i		SALISE  d. STREET ADDRESS	otside corporate limits, write RURAL of	e is residence
iithin 24	filled pape thin 7	· /	3 .	Peninsula Gene	ral Hospital  Middle	709 Ben	4. DATE Month	ON A FARM? YES NO ON Year
requires that the Leath certificate Le executed within 24 Faurs after death s physician.	and campletely remove carban n attention, wil		5	Type or point)	7. MARRIED NEVER MARRIED B WIDOWED DIVORCED	. <u>evey</u> 3. DATE OF BARTH 1-3-87	9 AGE (In years if	UNDER I YEAR IF UNDER 24 HRS. onths Days Hours Min
icate lle e	please for		dut	USUAL OCCUPATION (Give kind of work doning gost of working life, even if retired)  A Lesman  FATHER'S NAME	lob. KIND OF BUSINESS OR INDUSTRY Magazines	Pennsylva 14. MOTHER'S MAIDEN		12. CITIZEN OF WHAT COUNTRY?
ath certif	attending physician vermit. Then please an, or remaval, and i			Unk.) WAS DECEASED EVER IN U.S. ARMED FORCES: s, no, or unknown) [(If yes give wor or dotes	? 16. SOCIAL SECURITY NO 17. II	(Unk.) NFORMANT r. Ralph B.	. McIntyre, Address (	Friend)
nat the de	L			INO  IB. CAUSE OF DEATH (Enter only one control of the control of	ouse per line for (o), (b), and (c).)	lear of	trilue.	INTERVAL BETWEEN ONSET AND DEATH
requires that	an signed te burial- to burial,			Conditions, if ony, which gave	(b) Higher Cemin	Henry	Discon	Unknown
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PHYSICIAN e haspital o	this certificate etached far u Dept. of Heal		AL CERTIFICATION	200 ACCIOENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (  N/A  204 INJURY OCCURRED 20e PLAC	Enter nature of injury in E OF INJURY (Home, for		(County) (Stote)
by th	After this be deto State De		MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour a.m. 19 21. I certify that (I) (this ha	While of work of work of the deceased from	ory, street, office bldg., etc	196 7, ta 3/12	/, 19.6 /that (1) (we) last
SEITAL OR ATTENDING 4 may be retained by the	DIRECTOR: Alge 3 should led with the S			saw the deceased alive on/	3/12/1961, and that	ATTENDING DE		on the date stated above.  DATE SIGNED  March 12/1967
Poge 4 may be	O FUNERAL DIR director, page should be filed	1	0.2	22c. PHYSICIAN'S NAME (Type)	D BURTON	Me D. CE	ENTER, SALIS	
TO NO	_	3		FUNERAL DIRECTOR	15.1967 Wicomico Memo	rial Park	23d. LOCATION (City or Town) Salisbury, Me O BY REGISTRAR PREGIST	(County) (Stote)  aryland  RAR'S SIGNATURE
	VR A15 (4) 20 M 1/66	Ely.		HOLLOWAY & COMPANY	, SALISBURY, MARYLAND	WALE 1	. 4 1961 Killery	es judge



MARYLAND STATE DEPARTMENT OF HEALTH

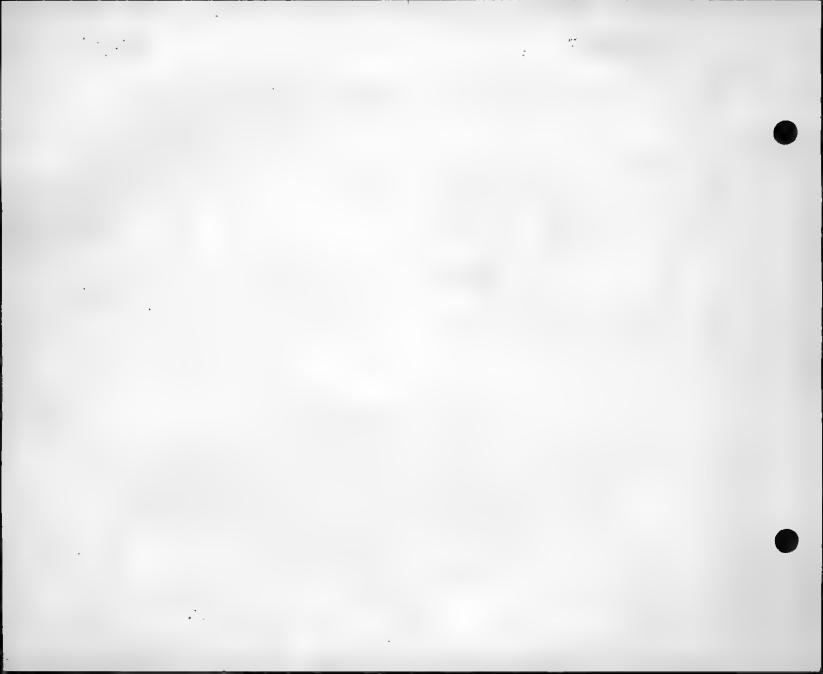
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2329

CERTIFICATE OF DEATH

	[44]	] [											
eat	funeral I mid 2 ter death			LACE OF DEATH			1 2	2. USUAL RESIDENCE (	Where deceased	lived, if institut	on. Residence b	oetare admission)	
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ote	E/9 %_		5 5	EX 6. COLOR O	R RACE 7. MARRIED	NEVER MARRIED	X 8. 1	DATE OF BIRTH		AGE (In years last birthday)	Months Do		HRS. Viin.
Xec	9 2 7	)	$\Lambda$	lale Whi	Te WIDOWED	DIVORCED [		ctober 26.	1937	29 Yrs.	4 29	oys Haurs A	AIDA.
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ate	<u> </u>	ŀ		FATHER'S NAME			- 1	New York  4 MOTHER'S MAIDEN	HEAT		USA		
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ed	mit at			, na, ar unknown) (If yes give w No	ar or dates of service)	240-54-0430	Wir.	. David J.	Logan	(Father	)	.5 2	
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death	an. by the attending physician transit permit. Then pleass crematian, ar remaval, and	ŀ	_				102	Pierce	Ave., S	ALISBUT	y Mary	INTERVAL BETWEE	M
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25	physician. signed by burial-tran burial, crei	- 1	- 1		DUE TO		/	//			- /	5	
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ĭ	certifica ched fa pt. af H		<u>۳</u>	(IF EITHER, NOTIFY MEDICAL EXAM		N/A							
Ŧ	he haspit this certif letached bept, af	- 1	MEDICAL	20c. TIME OF INJURY Manth, D Hour a.m.	Joy, Year 20d.			OF INJURY (Home, far		City or town)	(County	r) (Stat	e)
	the det	- 1	뵑	Hour a.m. p.m.	19 While	e Not While pat wark	foctory,	, street, office bldg , etc.	.)	/	1		
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õ	may be retained  RAL DIRECTOR: A  page 3 shauld be filed with the				4		M D	PHYS.	DIRECTOR L.	STAFF PHYS	Marc	h ×: /19	67
A	2 J 6 J		- 1	22c PHYSICIAN'S	r			22d ADDRESS					
H	P X B	1		NAME (Type) Dr.	O. J. Burt	on		Salis	bury , M	arvland			
SO	Page 4 may b  TO FUNERAL D  director, page shauld be file	1	23a.	BURIAL, CREMATION, 23	D. BATE THEREOF	23c NAME OF CEMETER	Y OR CRE			TION (City or Tox	vn) (Ca	iunty) (Stote	_
I	Sag Fire Sho			REMOVAL (Specify)	rch 28,1967								
2	- 5 E	1	24	FUNERAL DIRECTOR	T.GII 50' 140.	7 Wicomico A	viemor	Clal Park	D BY REGISTRAR	isbury,	BLVTEW	ATIO	
	VR ATS (4)	1	£4.	HOLLOWAY & CO	TARD ANTW CHAI		T A BITTS	250. REC			GISTRAR'S SIGN	cog	
	20 M 1/66	11/4		TIULIUMAI & GU	AVITAINI . SAL!	LODUKI . IMAKYI	LAKIND	The Application		10	- //	₩	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #8 Film #3 CERTIFICATE 04398 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. COUNTY o. STAT **b** COUNTY Wicomico MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR (If outside corporate limits, write RURAL and give nearest town) Salisbury
d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) illed in papers. e IS RESIDENCE ON A FARM? d. STREET ADDRESS filled 170 YES NO Peninsula General Hospital 3. NAME OF Middle DATE Month pgu Lost Doy Year DECEASED (Type or pant) اما 19 DEATH burial, crematian, ar remaval, and ın any eyent and comple S. SEX AGE IF UNDER YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED bythdoy) Months Doys Hours WIDOWED DIVORCED and 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY physician 14. MOTHER'S MANDEN NAME 13. FATHER'S NAME INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES NO **DIRECTOR:** After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While of work ot work 21. I certify that (1) (this-haspital) attended the deceased from Usus 1966, to March 3/1967, that (1) (we) last saw the deceased alive an Thurself 30 1962, and that death accurred at 9.15PM, fram causes and an the date stated above. 22o, SIGNATURE 22b. DATE SIGNED ATTENDING PHYS M.D. DIRECTOR 22d ADDRESS PHYSICIAN'S O FUNERAL NAME (Type) (Stote) 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 196



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		0439	3		CERTIFI	CATE	OF DEATH		U	4401		
		PLACE OF DEATH o. COUNTY Wic	omico		MARYL	AND	2 USUAL RESIDENCE (V		ed lived, if institution b. COUNT			nission)
		b. CITY OR TOWN (H	outside corporate limit	5,	c LENGTH OF STAY IN	ib	c CITY OR TOWN (If as	tside corpora	te limits, write RURA			/n)
	S	alisbury	give nearest town)		55 Days	3	Salisbu	су		25-1		
	- (	d NAME OF HOSPITA	L OR INSTITUTION (If no	ot in hospital, g	jive street oddress)		d. STREET ADDRESS				e. IS	RESIDENCE A FARM?
91	D	eer's Hea	d State Ho	spital	,Salisbury,	Md.	411 Eliza	abeth	St.		YES	NO 🔼
		NAME OF DECEASED		Jo.	seph Frankl	in	Lost	4. DATE OF	Manth		Day	Year
	- 1	(Type at print)		roe/	77.0		atthews	DEATH	3	15 1145050 1.4	3	1967
	S !	Male	6 (OLOR OR RACE   White	7 MARRIED WIDOWED			March 18, 1	ا موم	AGE (In years last pirthday)			INDER 24 HRS
			(Give k nd of wark dane		ND OF BUSINESS OR	<u> </u>	11 BIRTHPLACE (County		O Yrs.		EN OF WH	AT
	duri	ing most of working li	te, even if retired)	I IN	DUSTRY				• .,	COUN	TRY?	ni .
		FATHER'S NAME	Carpenter	] Du	ilder		Wicomico  14 MOTHER'S MAIDEN		, MAX.		US.	
	J	Jackson J.	Matthews				Sally M.	Parson	ng.			
	15	WAS DECEASED EVER	IN L.S. ARMED FORCES?		SOCIAL SECURITY NO	17. [	NEORMANT		Address	£ }		
	(Ye	s, no, or unknown) No	If yes give war ar dates o	of service)	14-18-4547	I MI	r. Franklin 11 Elizabet	w. ₽₽8 h St	Selisbur	on) ov. Ma	rvlar	nd
		IB. CAUSE OF DE	ATH (Enter arriy and cau	se per line far	(a), (b), and (c))						INTERVA	L BETWEEN
		PAKI I DEATI	I WAS CAUSED BY. IMMEDIATE CAUSE	(a) Ce	rebral vas	<u>cula</u>	r accident	with h	emiplegi:	a	22	ND DEATH Months
		Candidana Hans	DUE	TO AT	terioseler	oti e	cardiovasc	ular d	H casea		Year	ne
		Canditians, if ony, rise to immediate	cause (a), ( Dur	(b)	0011000101	0 0 1 0	001010 1800	uater (	1100036		Tea.	. 5
		stating the under	ying cause	(c)								
			NIFICANT CONDITIONS C		O DEATH BUT NOT RELA	TED TO 1	HE TERMINAL DISEASE COL	NDITION GIVE	N IN PART 1(a)		19. WAS	AUTOPSY OR MED?
2	FICATION		since 1/3								YES	ORMED?
		20a. ACCIDENT WAS		20b. DE	SCRIBE HOW INJURY OCC	URRED.	Enter noture of injury in	Part I ar Par	t II af item 1B.)			
	CERTI	OR CONTRIBUTING I (IF EITHER, NOTIFY A			]	N/A						
	MEDICAL	20c TIME OF INJU Haur a.m	RY Manth, Doy, Year				E OF INJURY (Hame, farmary, street, affice bldg., etc.)		(City or town)	(Count	ΙΥ)	(Stote)
	E	p.m	. 19	at work	k 🗀 at wark 🗀		, , , , , , , , , , , , , , , , , , , ,					
					ded the deceased f		1/17 , 1 death occurred of		a <u>3/13</u>	, 167	_, that (	(I) (we) la:
		saw the de	ceased alive on	2/13	19 <u>07,</u> a	na tha	r death occurred ar	*12P4	1, from couses o	nd on the		atea abave
		22d. SIGNATURE	mo	tale	U	J.M	ATTENDING D	MED. DIRECTOR	STAFF TA		4/67	
		22 PHYSICIAN'S					22d. ADDRESS					
1		NAME (Type)	A. C.	Mitche	11, M. D.		Deer's He				lisb	ury,Md
	23 a	BURIAL, CREMATIO			23c NAME OF CEMET				CATION (City or Tow		aunty)	(State)
		REMOVAL (Specify)		16,1967	Wicomico !	Memo	rial Park		lisbury, I			
1	24	I. FUNERAL DIRECTOR			ADDRESS		2Sa REC'I	) BY KEGISTR	AR 25b_REG	IS IKAK'S SIGI	NAIUKE	

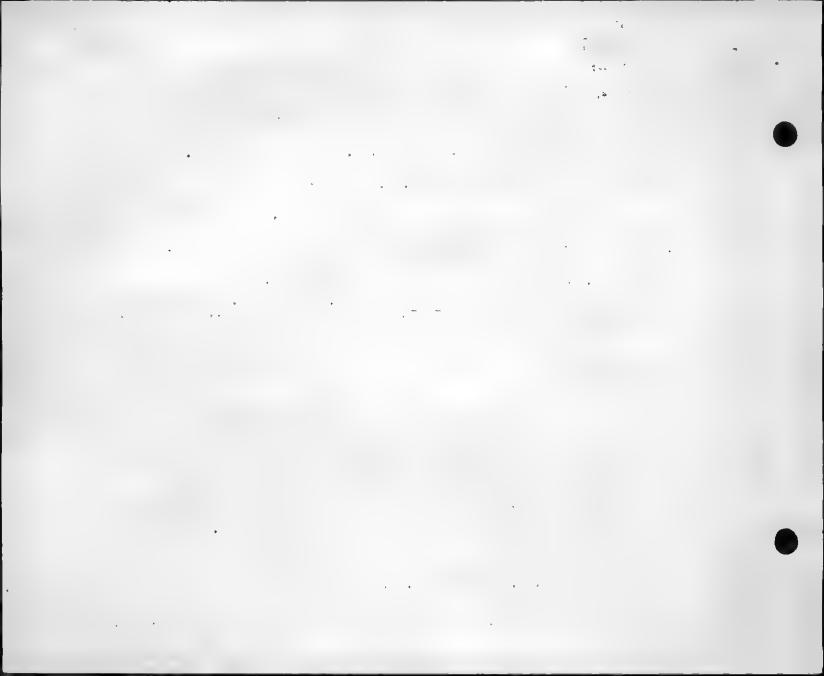
& COMPANY, SALISBURY, MARYLAND

HOLLOWAY

1967

6

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove carbon popers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremotion, or removol, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter degi Poge 4 moy be retained by the hospitol or attending physician. VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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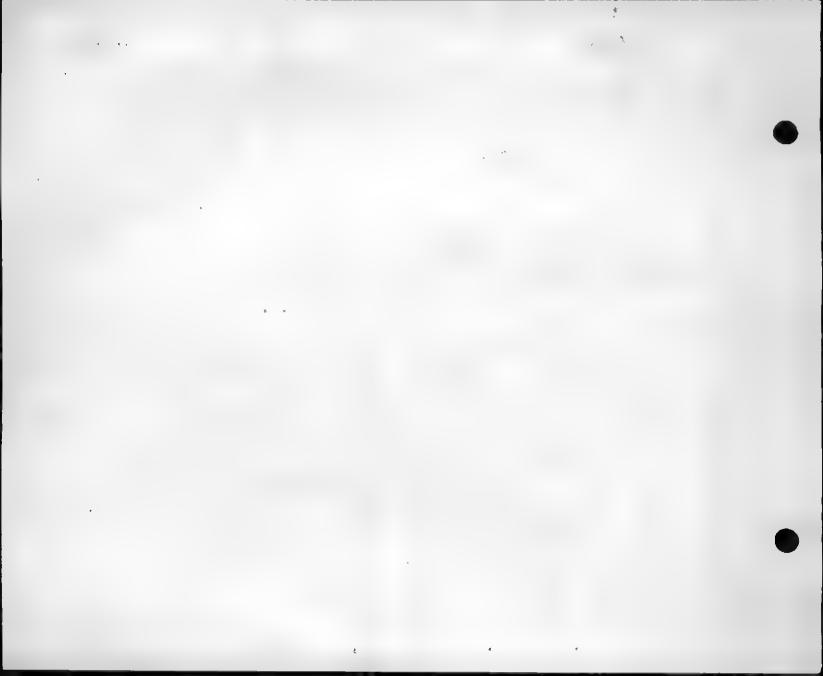
04400

### CERTIFICATE OF DEATH

	1	PLACE OF DEATH.		2 USUAL RESIDENCE (V	Where deceosed lived, if instituti	on- Residence before admission/			
	4	a. COUNTY	MARYLAND	Maryland Somerset					
	_	Wicomico b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16		tside corporate limits, write RUR	Al and ann paperst town)			
	,	write RURAL and give nearest town)				AL one give neorest rown,			
		Salisbury	30 Years	Princess	Anne	12 4			
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	ive street oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?			
30			spital			YES ND			
-		NAME OF First DECEASED	Middle	Lost	4. DATE Mont	h Doy Year			
1		(Type or print) Clifford	TVI	CNEAL	DEATH March	13 1967			
	5	SEX 6 COLDR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER TYEAR IF UNDER 24 HRS.			
	L	emale Mearo WIDOWED	DIVORCED	3/4/1892	last birthday) 75 yrs.	Months Doys Hours Min.			
	10o	USUAL DCCLPATION (G ve kind of work done 10b. KII	ND OF BUSINESS OR	11. BIRTHPLACE (County	& State or foreign country)	12 CITIZEN OF WHAT			
	dur	ing most of working life, even if retired) House wille	se work	Georgia		U COUNTRY?			
		FATHER S NAME		14. MOTHER'S MAIDEN I	NAME				
	_	Juliah Frances		Anna Dixe					
		WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. S is, no, or unknown) (If yes give wor or dotes of service)	OCIAL SECURITY NO. 17. 1	NFORMANT	Addre	22			
	178	s, ile, or ollikilowit) (il yes give wor or doles or service)	Bis	sheb M.T.M	McNeal, Prince	ess Anne.Md			
	H	1B. CAUSE OF DEATH (Enter only one couse per line-for		INTERVAL BETWEEN					
	Ш	PART I. DEATH WAS CAUSED BY		mboses	(2)	CONSET AND DEATH			
	Н	JAMEDIATE CAUSE (o) CETT	101001		1 7	AC 4 1 00043			
		100000	berten she.	Cardio Vi	ascular Die	esco Unknown			
		Conditions, if ony, which gove (b)	100,000						
		stoting the underlying cause DUE TO							
		lost. (c)							
-		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DUTION GIVEN IN PART 1(c) /	19 WAS AUTOPSY			
X	CERTIFICATION	Diahetas Hellitus.	Dremia	(home	Glomerulo Sele	PERFORMED? YES NO TY			
	3		74-7		/ -	765 NO [V			
	RTF	205. DES	SCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Port I or Port II of Item IB.)				
		(IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MEDICAL	and the of the other manning only the		CE OF INJURY (Home, form		(County) (State)			
	MEI	Hour a.m. While p.m. 19 dot work	Not While C	ory, street, office blog., etc.)	- /	- / /-			
		21. I certify that (1) (this hospital) gittens		2/1/	9.67.tn 3//	5 /, 195 /, that (I) (we) last			
		saw the deceased alive an		t death accurred at	7/ 40/	and an the date stated above			
		22o. SIGNATURE	1_1	ATTENDING	and cross	22b. DATE SIGNED			
		19 1	/ M.	D. PHYS.	MED. STAFF DIRECTOR PHYS.	] {			
		22c. PHYSICIAN'S	,	22d ADDRESS		•			
I		NAME (Type)							
- 1	220	BURIA, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR	COLMATODY	23d LOCATION (City or Tox	wn) (County) (Stote)			
	230	REMOYAL (Specify)			230 LUCATION (City of 10)				
0	_	Burial 3/19/67	Isreal Mam		Lottela Ma	nyl And			
K		FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 256, RE	GISTRAR'S SIGNATURE			
6016	ı W	Villiam H. James Jr. Pri	ncess Anne. N	ra MAR 9	1 1967 1	A STATE OF THE STA			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burnal-transit permit. Then please remove, €arban papers. Pages 1 and 2 should be file with the Itate Dept. at II ealth priar ta billing, crematian, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending phymician.

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If just ful on: Residence before admiss on, director. Page or your files. e. COUNTY e. STATE b. COUNTY is necessary, 6 Wicomico MARYLAND Maryland Wicomico b. CITY OR TOWN of outside corporate limits e. LENGTH OF STAY IN 16 c. C.TY OR TOWN If outside corporate limits, write RURAL and give nearest town? write RURAL and give nearest town? Salisbury hrs. Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eldress) d. STREET ADDRESS IS RESIDENCE ON A FARM? after State Kendall st. YES NO X Patterson age 5 may be retain 1 and 2 with the Sta 1 within 72 hours of 3. NAME OF Middle DATE Dev EXAMINER: This mert ficate should be executed within \$4 hours after death. If an ate, writing the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to the DECEASED OF (Type or print) Billie DEATH Ann Messick March 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED AGE (In years IF UNDER I YEAR 5. SEX B. DATE OF BIRTH lest birthday) Months | Deys Hours Female WIDOWED [ DIVORCED May Vrs 14, IDe. JSUAL OCCUPATION (Give kind of work IDS. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page done during most of working life, even if retired) pages 1 Clerk even Gas Company Mary Land U.S.A. 13. FATHER'S NAME any F. 0 William Messick Annabelle MacLain 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO .5 17 INFORMANT permit (Yes, no, or unkown) | (If yes give we ror detes of service)! and NO See -Mrs. Wm. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN removal, burial-transit T AND DEATH PART .. DEATH WAS CAUSED BY. IMMEDIATE CAUSE IN ö Meel: Conditions, if eny, which cremation, gave rise to immediate cause (3) Examiner's DUE TO 88 (e), steting the underlying used cause lest. (c) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART ILS 19. WAS AUTOBSY CERTIFICATION burial PERFORMED please exect.
4 should be to warded to the Chief Medical E O FUNERAL DIRECTOR. Page 3 should be Health or its designated agent, prior to burial, 12.0 NO 2De. EXTERNAL CAUSE WAS I 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day Year 2Dd. INJURY OCCURRED 200, PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While et work at work 19 21 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Undetermined manner death resulted from. ntural causes Acc dent Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Royer NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 1967 Parsons Cemeterv Salisbury, Maryland 23. FUNEPAL D RECTOR ADDRESS 24e. REC'D BY REGISTRAR I 24E VR A15ME 5M 1/62 Salisbury, Maryland



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the thingal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and I should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any compt, yithin 72 hours after death. TO HOSPITAL OF ATTENDING PHYSIC™. The law requires that the death certificate be executed within 14 hours affer Page 4 may barretained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

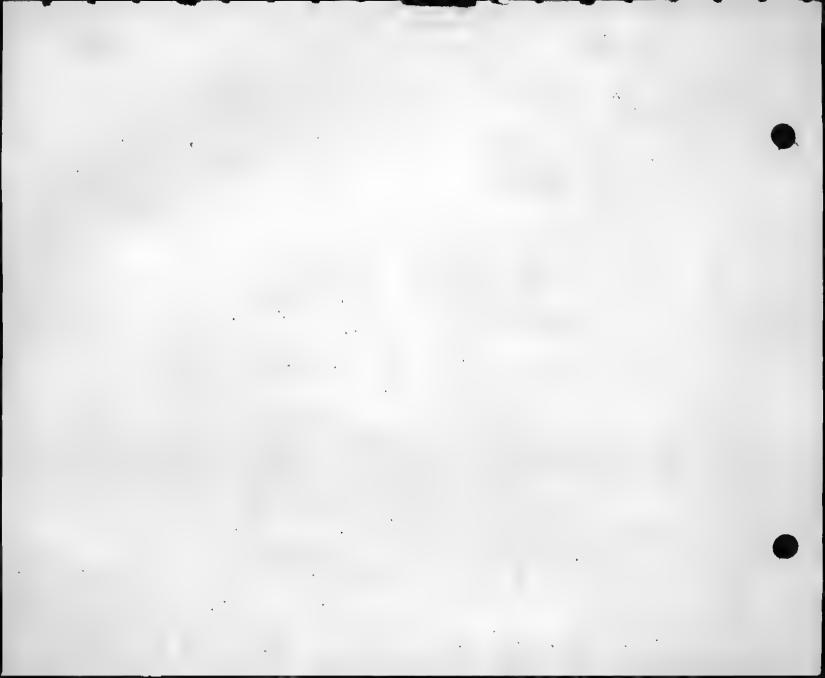
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14. 17. CERTIFICATE OF DEATH

14. 17. CERTIFICATE OF DEATH

	Ttem #ld Film 50337 2737	570bcDEATH USEUS
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)
	MARYLAND	a. STATE b. COUNTY  MIT NULLY S  W. C. A. 21. C. C.
	b. CITY OR TOWN (if outside corporate limits.   c. LENGTH CF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)	C = 16 1
-	JANS BURY 245	Splisbucy 2001
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	614 W. Isabella Street	105 (U. I. SO, bE//4 St. YES □ NO 1
3.	NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) I-P12NK OliVER M	ilbourne DEATH 3 16 1967
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (in years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
	A A WIDOWED A DIVORCED	#-16 - 1885   last birthday) Months Days Hours Min.
10	Da. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
0.0	iring most of working life, even if retired)	Accompany of
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	1 / 1 11/1/	S
	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	SARAIS COPES
Ŕ	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (es, no, or unknown) (If yes give war or dates of service)	INFORMANT Address TOS LO, I SA bells
_	Pi	HYLLIS MILDOURNES SALISTURY 40
	18. CAUSE OF DEATH [Enter only one cause peopline for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	The state of the s
	Conditions, If any, which )	(Istoria Charcia Sudakint
	gave rise to immediate	What do c d o d c)
	cause (a), stating the DUE 10	
2	underlying cause last. (c)	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5		YES NO NO
ΙĒ	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
CEI	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
A.	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
MEDICAL	Hour a.m. While Not While factor	ry, street, office bldg., etc.)
≥		
1	21. I certify that (I) (this hospital) attended the deceased from	195 to/0 /11, 196 that (I) (we) last
1		death occurred at 7 8 M, from the causes and on the date stated above.
	22a. SIGNATURE	ATTENDING STATE SIGNED
	M.D.	. PHYS. DIRECTOR PHYS.
	NAME (Type)	22d ADDRESS
,	4-11 - TAY YELL MI)	16) 2-VV, WAIN SY, SAUSPUCY, MI
23		OR GREMATORY 23d. LOCATION (City, town or county) /(State)
	Qurial, 3-19-67 Finat Bapt	(a) Makhamille Da
24	4. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b, REGISTRAP'S SIGNATURE
10	Loute Dally Jersey Kd. Kt 12 mg	MAR 3 1 1967 Charles Judges

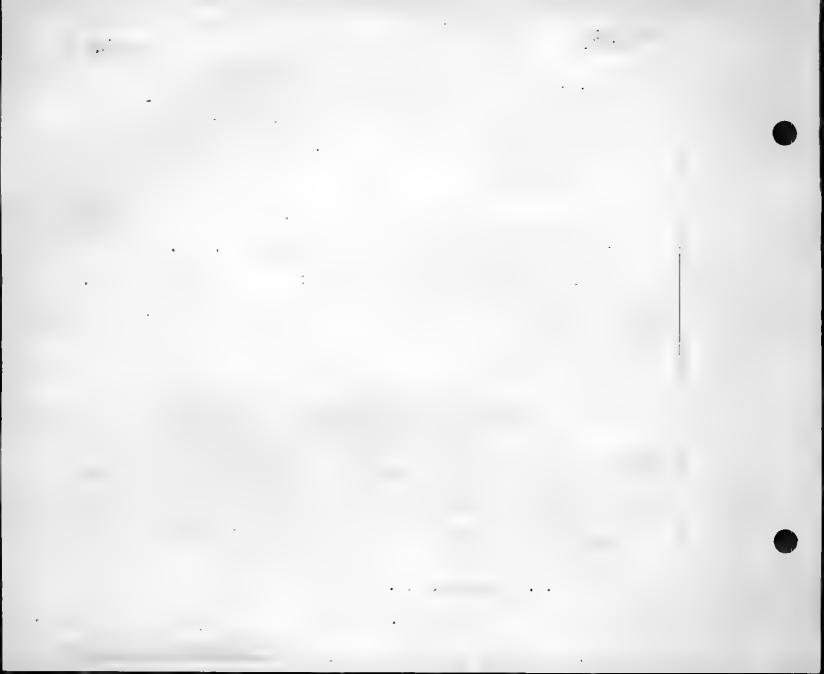
VR AI5 (4) 20M I/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04403 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours ofter death. plately filled in by the funeral carban popers. Pages I ond. Integrathin 72 hours ofter deat 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. COUNTY n STATE b. CDIINTY Wicomico MARYEAND Maryland Wicomico c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Salisbury since 3/6/67 Rural-Salisbury d. NAME DE HOSPITAL DR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS Pine Bluff State Hospital YES NO [ RED 3 NAME OF Middle 4 DATE Year Doy DECEASED March STORY OF THE STORY (Type or print) 1967 WARREN DAVID DEATH 9. AGE (in years I IF UNDER 24 HRS. S SEX 6. COLOR DR RACE NEVER MARRIED 🗜 8. DATE OF BIRTH 7 MARRIED remaye lost birthday) Doys Hours WIDOWED DIVORCED May 29, 1911 puo 10a, USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b. KIND DE BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) burial, crematian, or removal, and in during most of working life, even if retired) INDUSTRY COUNTRY? Wicomico Co., Md.

14. MDTHER'S MAIDEN NAME Laborer Farm HSA 13. FATHER'S NAME attending phys Arthur Nairne Tda Black 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, no, or unknown) (If yes give war or dates of service) No 215-36-0321 Records of Pine Bluff Hospita 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Pulmonary tuberculosis IMMEDIATE CAUSE (o). Page 4 moy be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse we aerached for use as the State Dept. of Health prior to has been lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS' PERFORMED? YES T NO TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HDW INJURY DCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Dov. Year (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) at work While Not While at wark 21. I certify that (1) (this haspital) attended the deceased fram.... \_, 1967\_, to\_\_ 3/24 . 1967, that (I) (we) last 3/6/ directar, page 3 should should be filed with the 1967, and that death accurred at 1:03/britam causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Pine Bluff State Hospital Ritchings. 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Fruitland Mt: Calvary Burial 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRES VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



FOR	STAPE,			04404	MEDICAL EXA	AMINER'S	CERTIFICATE O	F DEATH	04	1406
IEALTI	H DEPT/			ACE OF DEATH		1	2. USUAL RESIDENCE (V	Vhere deceased lived,		ice before admission)
.5 0 6	2	71	٥	Wicomico		MARYLAND	a STATE Werred	rland	b COUNTY Wite	comico
defay is and 3 ta 43. Pane	T L	ŀ	b	CITY OR TOWN (If outside corporate limit	ts, c LENGTH O	F STAY IN 16	c CITY OR TOWN (If ou			
y defo	Ĕ			write RURAL and give nearest town)	·				3	201
2 Z	0	- 1		Salisbury NAME OF HOSPITAL OR INSTITUTION (IF I	at a hasaital aug straat adds	ner)	d STREET ADDRESS	sbury		Le IS RES DENCE
E	D <sub>e</sub>	99	u	'				Patriole A	110	e IS RES DENCE ON A FARM?
h l ges fo	o te	, , F		DOA Peninsula (				Patrick A		YES NO
ffer death. If a Give Pages 1,	the State Deportment	- 1		AME OF FECEASED	irst Norr-IS Me	idle	Lost .	4 DATE OF	Month	Day Year
or de	, <u>÷</u>		(	ype or print)			TTER	DEATH	March 29,	
	=	- 1	5 5		7 MARRIED 🔀 NEVER	MARRED 3	DATE OF BIRTH	9 AGE (In last bu		YEAR IF UNDER 24 HRS Days Haurs Min
IS O	7. 司			Male AA	WIDOWED D	IVORCED	4AY 15, 19	104 62	yrs	
hours affer Item 18 G v Office along	Tond With	ı	100	JSUAL OCCUPATION (Give kind of work done g most of working life, even if retired)		SS OR	11 BIRTHPLACE (Stote	or foreign country)	12 (17	TIZEN OF WHAT DUNTRY?
Z = 3	s l	- 1	atrii	g those of working life, even in let real,	LAPOTE	An .	Mt. lee	NON		U.S.A.
	pages urs affi		13	ATHER'S NAME			14 MOTHER'S MAIDEN N	NAME 2	,	
certificate should be executed within 2 writing the word "pending" in penci	burial-transit permit. File pages Tonassin on event within 72 hours after death	ı		lies Nutte	A	į	Kebecc	A Blogn	Sworth	
- F - E	permit. File vithin 72 hou			WAS DECEASED EVER IN U.S. ARMED FORCES		Y NO. 17 EN	IFORMANT		Address	1 1 1 016
ute g:	mit.		(Yes	no, or unknown) (If yes give wor or dotes	of service) 226-16	6-981 1	DARA MIL	HOA	408 /1	PRICE HOL
e execut pending"	per	ŀ	Ī	18. CAUSE OF DEATH (Enter only one co		4 44 4	- CHAIN TO CAI	1.1.3	17/12	NTERVAL BETWEEN
e e pen	sit v	- 1	- [	PART I, DEATH WAS CAUSED BY.	Comonomie		173			ONSEL AND DEATH
	iran Yei			IMMEDIATE CAUSI	(0)	occiusio	/11			90000
hauld word the C	buriat-transit		- 1	Conditions, if ony, which gove 1	E TO	Jamakia	honet disco	250		Trooms
the v	buri	- 1		use to immediate rouse (n)		rerotte	heart disea	120		years
事を				storing the underlying couse	10					
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certificate sl v. writing the forworded to	old be used ar remavol,	2	٤l	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	HE TERMINAL DISEASE COM	IDITION GIVEN IN PAR	T I(o)	19 WAS AUTOPSY PERFORMED?
N OF	be u	-	ξĮ							YES NO 🔀
figt h			ĒΙ	200 EXTERNAL CAUSE WAS PRIMARY □ OF CONTRIBUTING □	20b. DESCRIBE HOW IN	IJURY OCCURRED (I	Enter noture of injury in l	Port I or Port II of ite	m 18 }	
NER: e certif	files. 3 shoutd ion, ar r	- 1	9	CAUSE OF DEATH						
N D			MEDICAL CERTIFICATION	20c. TIME OF INJURY Month, Doy, Year	2Dd INJURY OCCURRE		E OF INJURY (Hame, form		town) (Co	ounty) (State)
AM	age emo	- 1	副	Hour om. pm. 19	While Not Wh		ry, street, office bldg , etc )			
	5 5 5 E		ı	21. I certify that Litook charg			d an Autaney	Inspection [X]	Inquiry X,	and in my apinian
AL exe	. <b>2</b> € 1			. //		_	de , Hamicide		nined manner	
MEDIC. Jeose e director	ben		- 1	dedili resolled form.	ul tuoses IX., Active	iii [_], 50ici	CHIEF MEDICAL		ined manner [_	_
pleose	District of the state of the st		- 1	ACTUAL			ACCIETANT MED	ICAL EXAMINER		22. DATE SIGNED
<u>≻</u> 3 9	RAL D	- 1		SIGNATURE	- / Y		W D STATEMENT WED	com.	1/la	20 1067
Nos de	4 E C	2	ı	Examiner's Earl L. Roy		202	Edward Street	, city, tow's or county	rarch	30, 1967
O DEPUTY MEDICAL EXAMINER: necessory, please execute the cert the funeral director. Page 4 spoul	5 may be retoined for y 0 FUNERAL DIRECTOR: P. Health prior to burial, on	5	230	BURIAL, CREMATION, 23b. DATE II	AVO	OF CEMETERY OR C	REMATORY	23d LOCATION (		(County) (Stote)
0 = =	∾ರಕೃ		200.	REMOVAL (Specify) 4-3			elhodist			Formerset Md.
		J.	24	FUNERAL DIRECTOR	- 6/ POT. P		290,0000	AY REGISTRAD	25hamBEGISTRAR S. S	IGNATURE
VR	A15ME (5)	13		lley Funeral Home			APR	5 1967	25 TOTAL STRARS	o judge
	2191. 17 07 1	-3	יט	orrea imierar nome	narranara i	TALL 0	DATE		- 11	() ()



# FOR MATE HEALTH-DEPT.

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y delay is ond 3 to

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If Cit necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pagas-+

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form MM3. Page 5 may be retained for your files. 5 may be retained for your files.

TO NUMERAL MIRECTOM: Page 3 should be used as a burial transit germit. File pages land 2 with the State Department of Health prior to buriol, cremotion, ar removal, and in any event within 72 hours after death. 04405

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301

04407

1	PLACE OF DEATH O. COUNTY TOPA	comico		10), 1), 0	2 USUAL RESIDEN 0. STATE	CE (Where de <b>lary la</b> r		d, f ristitut b COU	NTY J	· · · · · · · · · · · · · · · · · · ·	1	
-	b CITY OR TOWN (I	f outside corporate lim	ts,	c. LENGTH OF STA	ARY_AND AY IN 15	c. CITY OR TOWN (	-		is, write RJ		neorest town)	
	write PURAL and Salis	give neorest lown)				Pasade	ena			£:	1 %	
		AL OR INSTITUTION ( f r				d STREET ADDRESS		# 7	73	100	e IS RESID ON A FA	ENCE RM?
		General F	iospital			1	Route		Box	-		MO 🔲
3	NAME OF DECEASED (Type or print) Me		Leroy	Middle	Parson	Lost 18	4 DA		Моп <b>3-</b>	18-67	Day Yea	.(
5	SEX	6 COLOR OR RACE	1	NEVER MAR	RIED	DATE OF BIRTH		9. AGE	n yeors	IF UNDER 1	YEAR IF UNDER	
	M	W	WIDOWED	DIVOR	CED 🗆 LO	D-17-20		46	birthday) Yrs	Months	Days Haurs	Min
100 du	100 USUAL OCCUPATION (Give kind of work done durin Rep 144 ng lile, even if retired)  100 KIND OF BUSINESS OR IBLOOP Shop					11 BIRTHPLACE (*	State ar foreig	n country)			ZEN OF WHAT INTUSA	
13	. FATHER'S NAME	Unk				14 MOTHER'S MAI	Unk					
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES	? 16. S	OC AL SECUR TY NO	17 [	NFORMANT			Addr			
L.,	Yes	(If yes give war or dates	OI SELAITE I			Family				Same		
		ATH (Enter only one co H WAS CAUSED BY. IMMEDIATE CAUSI DU	C.	(o) (b) ond (c)) pronary (	eclus	Lon				_	INTERVAL BETY ONSET AND DE SUGGE	
	Conditions, if any,	which gove	(b)									
	stoting the under		E TO (c)									
ATION	PART I OTHER SIG	GN F CANT CONDIT ONS	CONTRIBUTING T	O DEATH BUT NOT	RELATED TO	HE TERMINAL DISEASI	E CONDITION (	GIVEN IN P	ART 1(o)		19 WAS AUTO PERFORME YES	PSY ED?
CERTIFICATION	20a EXTERNAL CA PRIMARY (1) or COI CAUSE OF DEATH		20b DE	SCRIBE HOW INJURY	COCCURRED	Enter noture of nour	y n Port I or	Port II of	item 18 }			
MEDICAL	20c TrME OF INJU Hour on	10	While	Not While of work		E OF INJURY (Hame, pry, street, office bldg.		if (City	or town)	((0)	nty) (S	Stote)
	21 1 certif	y that I took charg	ge af the rem	nains described	abave, he	ld an Autapsy [	, Inspe	ectian 🛚	], !ng	u'ry 🗓	and in my o	apınıan
	death result	ed from Natu	ral causes 🔝	Accident [	, Suic	1		-	mined m	anner 🗌		
	ACTUAL SIGNATURE	Ful	16	-		_M D ASSISTANT	MEDICAL EXA MEDICAL EXA	M NER			22. DATE	SIGNED
	EXAMINER'S ]	arl L. Ro			M.2		FDICAL EXAMI Street, city, to	- 42	nty)	3-18	3-67	
23	BURIA CREMATIC	1	HEREUF	Salisbur 23c MAME OF C		CREMATORY	23d		(City or To		(ounty) (St	tote)
L	REM BULLIA		/67	Balto	Nat'l				timor			
2	4. FUNERAL DIRECTO		D-+	ADDRESS	m 005		REC'D BY REG			GISTRAR S SI	Judge	
1	TOOUL	y F H 237	rataps	CO AVE	21,225	MA	R 2 3	1967	1	~~~	1	

VR A15ME (87)

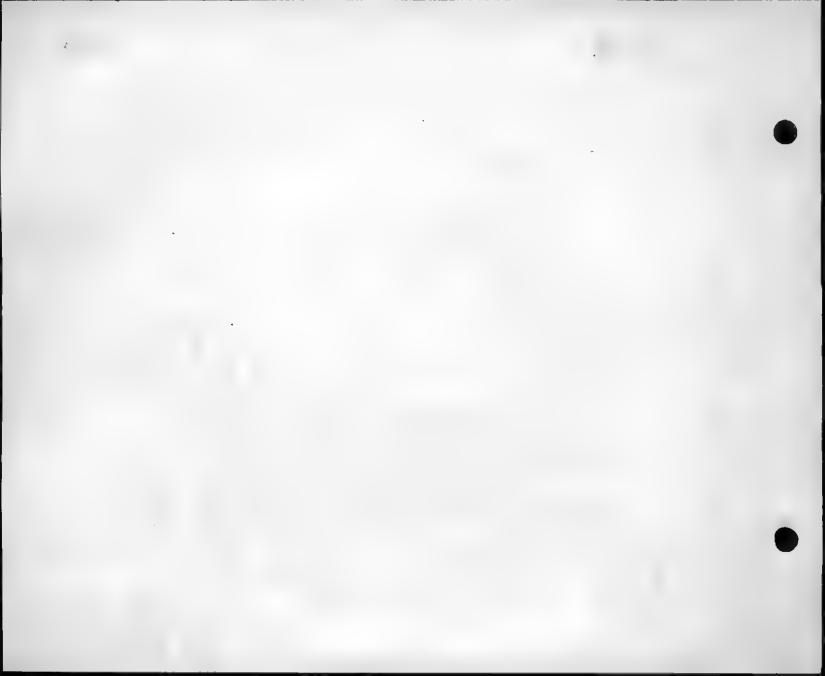


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04408 CERTIFICATE OF DEATH

2 4			04406	CERTIFICATE	OF DEATH		04408
by the funeral Pages 1 and nours after death		ı	PLACE OF DEATH  a. COUNTY  Wicomico	MARYEAND	o. STATE	b. cou	WILOMILO
in by the irs. Page: 2 hours af			b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lawn) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in h	c LENGTH OF STAY IN 16	d STREET ADDRESS	de corparate limits, write RU	cx × 1
illed i	0	,	Peninsula General				e is residence on a farm? Yes \ no \_
signed by the attending physicion and completely filled in by the funeral buriol-transit permit. Then please remove sarbon papers. Pages 1 and 2 buriol, cremation, or remaval, and in any event, within 72 hours after death.	)		NAME OF DECEASED (Type or print)  SEX  6. COLOR OR RACE   7 M	Middle  A S C  ARRIED   NEVER MARRIED	Perry DATE OF BIRTH.	4 DATE Mon OF DEATH MARC	
d can		-	Temale North W	DOWED DIVORCED	6/10/189	S Jost birthday)	Manths Days Hours Min.
lease re and in a		duri	USJAL OCCUPATION (Give kind of work dane ing most of working life, even if refired)  FATHER'S NAME	10b KIND OF BUSINESS OR INDUSTRY	11. BIRTHBLACE (County &	co-Md.	12 CITIZEN OF WHAT COUNTRY? 21.5.
phys hen p		13.	FAIRER S NAME		14. MOTHER'S MAIDEN NA	12	
ittending ermit. T n, or ren		1S (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? is, pg. ag unknown) (If yes give war ar dates af servi		NFORMANT Ralph J	5785 NZ	oss nticoko, Md.
y the cansit posensit			18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	tine for (a), (b), and (c) elac	tro Euter	ikò	INTERVAL BETWEEN ONSET AND DEATH
igned b uriol-tr uriol, cr			Canditions, if any, which gove rise to immediate cause (a),	Wellie Frey at	· Herap	9	1 week
the r to			stating the underlying couse last. DUE TO	aleno Care	entrus 1	l'a quia	1/2
te hos b use os olth pric	3	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
this certificate hos detoched for use o a Dept. af Heolth pr		L CERTIFICATION	20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED (	Enter nature of injury in Pa	rt I ar Part 11 of item 18)	
r this certi detoched ite Dept. ai		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19		E OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	20f (City or town)	(County) (State)
R: Afte old be the Sto			21. I certify that (I) (this haspital) saw the deceased alive an	attended the deceased fram	death accurred at 7	to	, 19, that (I) (we) last
RAL DIRECTOR: After this cer, poge 3 should be detache be filed with the State Dept.			2201 SIGNATURE	eusen ME	ATTENDING	ED. STAFF CRECTOR PHYS.	22b. DATE SIGNED
RAL DI	7		22c. PHYSICIAN S NAME (Type)		22d. ADDRESS	Laxy, M	d.
TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State.		23a	BURIAL, CREMATION, 23b. DATE THEREOF, REMOVAL (Specify)	236 NAME OF CEMETERY OR O	REMATORY  Ke, Com	23d LOCATION (Gty or To	own) (County) (State)
VR A15 (4) 20 M 1/66	1	24	FUNERAL DIRECTOR	ADDRESS ADDRESS			EGISTRAR SIGNATURE

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Poge 4 may be retained by the hospital or attending physician.

VR .



hours after death TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fune a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law inquires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
DEPTIFICATE OF DEATH

14409

04407

ľ	1.	PLACE OF DEATH a. COUNTY	-			2. USUAL RESIDEN	CE (Where dece		tion: Residence	before admission)
			comico		MARYLAND	a. STATE	vland	b. COUNTY	Wicomi	co
ŀ		b. CITY OR TOWN	(If outside corpora	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If		orate limits, write F	RURAL and give	e nearest town)
			and give nearest tov	/n)		Sal	isburv		22,	1
ŀ		d. NAME OF HOS	PITAL OR INSTITUTION	ON (If not in h	ospital, give street address)		2 5 Day		B.	IS RESIDENCE
10		R.	D. #1			R.D	.#1		Y	ON A FARM?
	3.	NAME OF		irst	Middle	Last	14. DATE	Month	Day	Year
М		DECEASED (Type or print)	MAN	113	VIRGINIA	PHILLIPS	OF DEATH	March	2/1	19 67
И	5.	SEX	6. COLOR OR RACE	7. MARRIED		8. DATE OF BIRTH	9,	AGE (In years HE)	INDER 1 YEAR	FUNDER 24 HRS.
	1	Female	White	WIDOWED		September 2	.1889	last birthday) Mo	oths Days	Hours   Min.
				done 10b.	CIND OF BUSINESS OR	11. BIRTHPLACE (C			12. CITIZEN C	F WHAT
		ng most of work!		(d) 1	NDUSTRY	Worcester	County	Mamiland	USA	•
		FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME	· Mary rand	ULUA	
	- 4	Alfred F.	Pusev			Nancy Elle	en Smul	len		
	15.	WAS DECEASED E	VER IN U.S. ARMED FO	ORCES? 16.	. SOCIAL SECURITY NO.   17.	INFORMANT		Address	hdam)	
	``Ì	No.	(If yes give war or dates	)I service)		Mrs. Mattie	a E Ka	yne, (Daug	hter)	
	ī	18. CAUSE OF D	EATH [Enter only or	ie cause per l	line for (a), (b), and (c).]				1 INTER	RVAL BETWEEN
	_	PART I. DE	Scr	ET AND DEATH						
- 1	-1	4001	IMMEDIATE CAUSE	• •		-				
	-	Conditions, if a		(b) Ce-	ronning att	verosileis	5 . Cl	es e	40	cars.
		gave rise to		4-7			4		-	
		cause (a), sta underlying cause	attilik fina (	(c) S	eneralized.	antenn	lesso			
1.2	NO	PART II. OTHER SI	IGNIFICANT CONDITI		UTING TO DEATH BUT NOT REL	ATED TO THE TERMINALI	DISEASECOND	ITION GIVEN IN PAR	RT 1(a)   19.	WAS AUTOPSY PERFORMED?
1	CERTIFICATION								YES	s I NO 🔀
		20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	f Injury In Par	rt I or Part II of It	em 18.)	
	CER	(IF EITHER, NOT	IG CAUSE OF DEA	NER)						
	SA.	20c. TIME OF I	NJURY Month, Day,	Year 20d.	INJURY OCCURRED   20e, PL	ACE OF INJURY (Home, f	arm, 20f. (	City or town)	(County)	(State)
	MEDICAL	Hour a.m	-	While at wor	MOT WILLE	ory, street, office bldg., e	tc.J			
	2				ded the deceased from	Jan 1	9/00 to	MAR	1967. th	at (I) (we) tast
			eased alive on 🕰		1 2/ 19 6 7, and the	at death occurred at/				
		22a. SIGNATUR			7			2:	2b. DATE SIG	NED
		17-10	A 1/20	Mu	O M.		DIRECTOR	STAFF PHYS.	March	25 <i>/</i> 1967
,		22c. PHYSICIAN NAME (Ty	neì			22d. ADDRESS				
		I I I I I I I I I I I I I I I I I I I	Dr. Rob	ert T.	Adkins	Fruitle	and, Ma	ryland		
Λ	23a	BURIAL, CREMA REMOVAL (Spe	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LO	CATION (City, town	or county)	(State)
1	_	Burial	March	27,1967	7 Zion Cemetery	7	Morc	ester Cour	nty, Man	ryland
)	24	FUNERAL DIRE		TV CAT	ADDRESS TODITOV MADVIA			TRAR 25b. REGIS	STRAR'S SIGN	ATURE
		DOLLOWA	I OF CONTPAN	II DAL	ISBURY, MARYLA	DATE	27 19	67 Jelia	res you	The same

**VR A15 (4)** 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

N	12.			04408	CERTIFICATE	OF DEATH	04410
8-	ond death			PLACE OF DEATH D. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution a. STATE b. CDUNT)	
	funera 1 ond er dea			Wicomico	MARYLAND	Maryland	Worcester
the of	y the f Poges urs afte			b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH DF STAY IN 16	c CITY DR TOWN (If autside carparate limits, write RURA)	, and give nearest tawn)
Surs	by Po ours			Salisbury	18 days	Pocomoke City	The state of the s
þ.	ers.	00	1	MAME DE HOSPITAL OR INSTITUTION (If not in hospital, gir	ve street address)	d. STREET ADDRESS	e. 15 RESIDENCE ON A FARM?
n 24	pap mu	0		Peninsula General Hos	spital	Market Street	YES NOXX
# /	W. B.			NAME OF Frst DECEASED	Middle	Sest 4 DATE Month	Day Year
2	Shit		į	(Type or print) LIPA	HERMAN	[ICHARD DEATH /IARCH	19 67
cecute	ician and completely filled in by the fullease remove corbon papers. Poges I and in ony event, within 72 hours after		5	SEX 6 COLOR OR RACE 7 MARRIED [ WIDOWED [			IF UNDER 1 YEAR   IF UNDER 24 HRS   Manths   Days   Haurs   Min.
9	ren		10a				12. CITIZEN OF WHAT
9	ian ase ind i		duri	ng Soft 1 working life, even ikretired) CH	D OF BENEFICE OF IL	Il BIRTHPLACE (County & State, or foreign country) Worcester County, Maryland	U.S.A.
fical	ysic ple al, a		13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
itie	hen nov			Thomas Pilchard		Elizabeth Hancock	
£	ding t i		15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC s, na, ar unknawn) (If yes give war ar dates af service)	OCIAL SECURITY ND. 17 IN	NFDRMANT Address	
dec	attending physician and permit. Then please remion, or removal, and in on				one Mr	s Roy Mason, Pocomoke	City, Md.
of the	the sit			18. CAUSE OF DEATH (Enter only one couse per line for PART I. OEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	a) (b), and (c))	In faction	INTERVAL BETWEEN DISET AND DEATH
s the				4/201 OUE TO	1/1000 2001	a the was leaven	1 sknow
luire hys	signec buriol buriol			Canditians, if any, which gave (b)	condany	ma de la como	70077
red	to b			stating the underlying cause OUE 10	<i>(</i> /		
Mal Mark	bee rior			lost. ) {c}	OF ATH BUT NOT DELATED TO TO	OF TENNINGS OFFSET COMPITION COURS IN DADT 15-1	VOOTILA ZAW DI
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dee	certificate hos been hed far use as the ot, of Heolth prior to	2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	OCEAN BUT NOT KETATED TO IN	HE TERMINAL DISEASE CONDITION GIVEN IN PART I(d)	19. WAS AUTOPSY PERFORMEO? YES NO
Tal	rtificat d far of He		RTIFIC	20g ACCIDENT WAS UNDERLYING ☐ 20b. OESG	CRIBE HDW INJURY OCCURRED. (I	Enter nature of injury in Part I ar Part II of item 1B.)	
YSI	cert thed		AL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)	WING OF SUPPLY	TOTAL MANAGEMENT OF THE PARTY O	16
	this certi detached e Dept. of		MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJ Haur a.m. 49 While at wark	Nat While facto	E OF INJURY (Home/farm, 20f (City or tawn) / 1ry, street, affice bldg , etc.)	(Caunty) (State)
Ž À	After the be de State			21 1 certify that (I) (this baspital)-attend		3/1/ .19 2 to 3/18	1, 19 1 that (I) (we) last
TEN ned	the the			saw the deceased alive on 5//	$\frac{7}{196}$ , and that	death accurred at TSAM, fram couses a	d an the date stated above.
OR ATTENDING be retained by the	DIRECTOR: After ge 3 should be d led with the State			22a. SIGNATURE	1-1	ATTENDING MED. STAFF	22b. DATE SIGNED
	DIR e 3			CO. DUNCTURATE	/ M.D	PHYS. DIRECTOR PHYS. D	
O HOSPITAL OR ATTI Page 4 may be retain	ro Funeral DIR director, page 3 should be filed	1		22c. PHYSICIAN'S USUALA BL	irton		lisbury Marylan
10Sl	director, should i		230	BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY XXXX	ZEMANON 23d. LOCATION (City or Town	) (Caunty) (State)
000	o FUN direct shoul			BUYY (91") 3-20-1967	First Bapt		
		V	.24	FUNERAL DIRECTOR	ADDRESS	MAR 2 1 1967	STRARY SIGNATURE
	VR A15 (4) 20 M 1/68	X	1		comoke City,	Md. BARENT D I 1001	0 0
		ν,	/ k	Robert H. Watson			

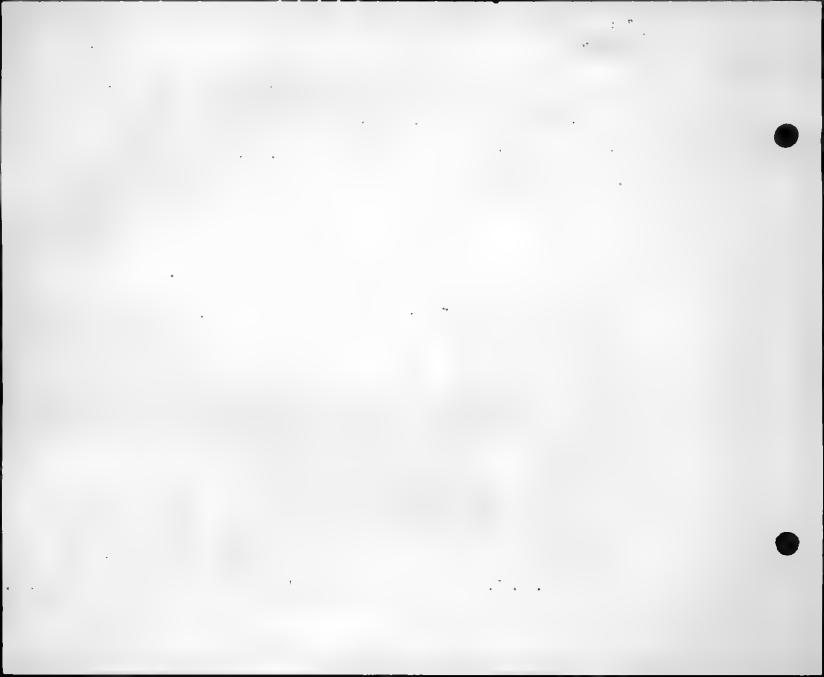


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04409 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) b. COUNTY Worcester o. COUNTY Maryland Wicomico impletely filled in by the fully corbon popers. Pages I event within 72 haurs offer MARYLAND c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 45 minutes Berlin Salisbury e. IS RESIDENCE ON A FARM? YES NO d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Rt. #3. Box 276 Deer's Head State Hospital camptetely fi nove carban Middle 4. DATE 3. NAME OF Month Year DECEASED 19 67 (Type or print) PURNELL DEATH March Jesse IF UNDER 24 HRS. IF UNDER 1 YEAR 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** remove last birthday) Manths 3-18-1896 WIDOWED DIVORCED ond in ony Male Negro 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) during most of warking life, even if retired) INDUSTRY COUNTRY physician Vorcester JOFER 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME attending phys nermit. Then p cremation, or removal, Berlin, mil. TS WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN 36 SOCIAL SECURITY NO permit. (Yes, na. or unknown) (If yes give war at dates af service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per ling-for (a), (b), and (c)." signed by the buriol-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO buriol, a Conditions, if any, which gave rise to immediate cause (o). DUE TO stating the underlying couse the State Dept. of Health prior to SD WAS AUTOPS' PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO X certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year (City or town) (County) (State) Hour g.m. factory, street, affice bldg., etc.) Not While at wark at work 21. 1 certify that (I) (this haspital) attended the deceased from March / toMarch 1967, that (I) (we) last 1907 saw the deceased alive an March 7 1967, and that death accurred at 11:45 AM, from causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE 3-7-67 M.D. PHYS DIRECTOR 22d ADDRESS 22c. PHYSICIAN S NAME (Type) Dr. A. C. Mitchell Deer's Head State Hospital, Salisbury, Md 23d. LOCATION (City of Town) 23g BURIAL CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) m.灰MOVAL (Specify)

25g. REC'D BY REGISTRAR

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 Naurs offer Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this director, page 3 shauld should be filed with the VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04410 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Wicomico Maryland Wicomico MARYLAND c. CITY OR TOWN (II outside corporate limits, write RURAL and give naarast town) b, CITY OR TOWN (il outside corporata limits, c LENGTH OF STAY IN 16 write RURAL and giva nearest town) Salisbury Salisbury a. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO X 112 E. London Avenue 112 E. London Avenue 3. NAME OF DATE Middle DECKASED OF DEATH 1967 LAURA PUSKY March (Type or print) 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH last birthday) Months Female WIDOWED X March 3. 0 White DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 1 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY, 11 B-RTHP, ACE (County & State, or foreign country) done during most of working life, even if ratirad) USA None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Crissey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mary Z. Heiser, Snow Hill, Maryland (Yas, no, or unkown) | (If yasgive war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Entar only one cause per line for (a),/(b), and (c) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO IV 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18 ) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH 20e, PLACE OF INJURY (Home, larm, 20f. (City or town) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., atc.) While Not While at work (I) (we) las to. 21. | certify that (I) (this hospital) attended the deceased from YMAA and that death occurred at AND Ifrom the causes and on the date stated above saw the deceased alive on.. DATE 22a, SIGNATURE SIGNED 1967 PHYS. DIRECTOR PHYS. March 22d. ADDRESS 22c. PHYSICIAN'S 226 N. Division St., Salisbury, Maryland Dr. Carrie Hearn 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) Worsester County, Maryland Burial Olivet Cemetery March 20.1967 24 PUNERAL DIRECTOR'S SIGNATURE **ADDRESS** HOLLOWAY & COMPANY, SALISBURY, MARYLAND

Bnd

death. Page 4 O FUNERAL

fo FUNE director, p be filed w

VR A1S



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
	04411	CERTIFICATE	OF DEATH	04	4413				
	PLACE OF DEATH		2. USUAL RESIDENCE (When	e deceased lived if institution. Re	esidence before admission)				
	Wicomico	MARYLAND	MARYLAN	b. COUNTY	Ficomico				
	b. CITY OR TOWN (If outside corporate limits.   c. 1	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corparate limits, write RURAL on					
	write RURAL ond give neorest town) Salisbury		MARDEL	A	/				
_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give s	treet oddress)	d. STREET ADDRESS		e, IS RESIDENCE ON A FARM?				
	Peninsula General Hosp	oital	Main Stree	t	YES NO				
	NAME OF PIRST PIRST PIRST	Middle	O lost . 4.	DATE Month	Doy Year				
	(Type or print) CLYDE LL	DEKDICE 1	EDDISH	DEATH /// ARCH	18, 1967				
5	SEX 6 COLOR OR RACE 7. MARRIED X	NEVER MARRIED 🔲 8.	DATE OF BIRTH	9 AGE (In years IFU tost birthday) Mon	NDER   YEAR   IF UNDER 24 HRS.				
	TALE WHITE WIDOWED	DIVORCED 🔲	2-8-06	61 Yrs. ]	1 10				
	USUAL OCCUPATION (6 ve kind of work done nost of working life, even if retired)	F BUSINESS OR	11. BIRTHPLACE (County & St	ote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
W	icomico Co. Custodian	<u> </u>	Wicomico Con		USA				
13	FATHER'S NAME		14 MOTHER'S MAIDEN NAME						
G	George Edward Reddish Fannie Lee Phillips								
15.	os no as inknown). (If we also was as dates of cansea)	M.	FORMANT	Reddish (Wife)					
111	No    212-1	14-4718 P	0. Box 99.	Mardela. Marvia	and				
	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (	(b), ond {c}.)	blecoule	^	INTERVAL BETWEEN ONSET AND DEATH				
	IMMEDIATE CAUSE (o)	uccal	o received	Sire C. 7	16 ay				
	Conditions, if ony, which gove ) (b)				/				
	rise to immediate couse (o),	· · · · · · · · · · · · · · · · · · ·							
	stoting the underlying couse (c)								
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT PELATED TO TH	IE TEDMINAL DISEASE COMULTI	ON GIVEN IN PART 1/A)	19 WAS AUTOPSY				
CERTIFICATION	TAKE II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DE	MIII BOT NOT KEEKIED TO TH	it Teamine Disease conditi	ON OFFER IN PART 1407	PERFORMED?				
100	20o. ACCIDENT WAS UNDERLYING 🗀 20b. DESCRIB	BE HOW INJURY OCCURRED (E	inter noture of injury in Port	I or Port II of item 1B.)					
GE,	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	N/A							
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY		OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)				
E	Hour o.m. While of work	Not While Gotton	ry, street, office bldg., etc.)						
	21. I certify that (I) (this haspital) ottended	the deceased from	3-10 , 19C	10 10,	19_()/, thot ( ) (we) lost				
		19 <u>/</u> , ond thot	death accurred at 🖊		on the date stated above.				
	22o. SIGNATURE	7	ATTENDINGMEI		2b. DATE SIGNED				
	( C., 66. 1 No 14.	M.D.	DUVE	ECTOR DUYC	3-12-67				

O HOSPITAL OR ATTENDING PHYSICIAN: The law mayings that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion anti-completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please temove corbon popers. Pages 1 and should be filed with the Stote Dept. of Health prior to burial, cremotion, or removal, and in dry event, within 72 hours after deal Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

23b. DATE THEREOF March 21,196

22c. PHYSICIAN'S NAME (Type) W/Z

230. BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR HOLLOWAY

23c. NAME OF CEMETERY OR CREMATORY Mardela Memorial Cemetery

23d. LOCATION (City or Town) Mardela.

ADDRESS 22d.

> (County) (State) Maryland

SALISEURY, MARYLAND

REC'D BY REGISTRAR 250. MAR 2 1967 2Sb

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death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs filled in by remoye and

papers. Pages 1 Jin 72 haurs after campletely fi. nové carban ny event, vith burial, crematian, ar remaval, and in any physician permit. signed by the burial-transit p Page 4 may be retained by the haspital ar attending physician. directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta has been TO FUNERAL DIRECTOR: After

CERTIFICATION

MEDICAL

24. FUNERAL DIRECTOR

LEVIN R. WILSON

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH a COUNTY " MARYLAND MARYLAND CITY OR TOWN (it outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ORIOLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e 15 RESIDENCE ON A FARM2 d. STREET ADDRESS YES NO K 3. NAME OF 4. DATE Day Year Lost DECEASED (Type or print) DEATH AGE ( n years lost birthday) IF UNDER TYEAR S SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED **NEVER MARRIED** Months Doys DIVORCED DEC.4,1933 WIDOWED 12 CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR during most of working the even if retired)
HOUSEWIFE INDUSTRY DAMES QUARTER.MD 1125 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME GLADYS WEBSTER HARRY BOZMAN IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 0-28-2020 RICHARD REID ORIOLE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse last. WAS AUTOPS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, affice bldg. Atc.) Hour o.m. Not While ot work ot work 2]. I certify that (I) (this haspital) attended the deceased from 196 saw the deceased alive of and that death occurred at 3/ 18 am, fram couses and an the date stated above. 22b. DATÉ SIGNED 220. SIGNATURE STAFF M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIANS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (State) PRINCESS ANNE. 1967 OLIVER BEECHWOOD CEM

2So REC'D BY REGISTRAR

1967

**ADDRESS** 

PRINCESS ANNE. MD.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEFENDENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

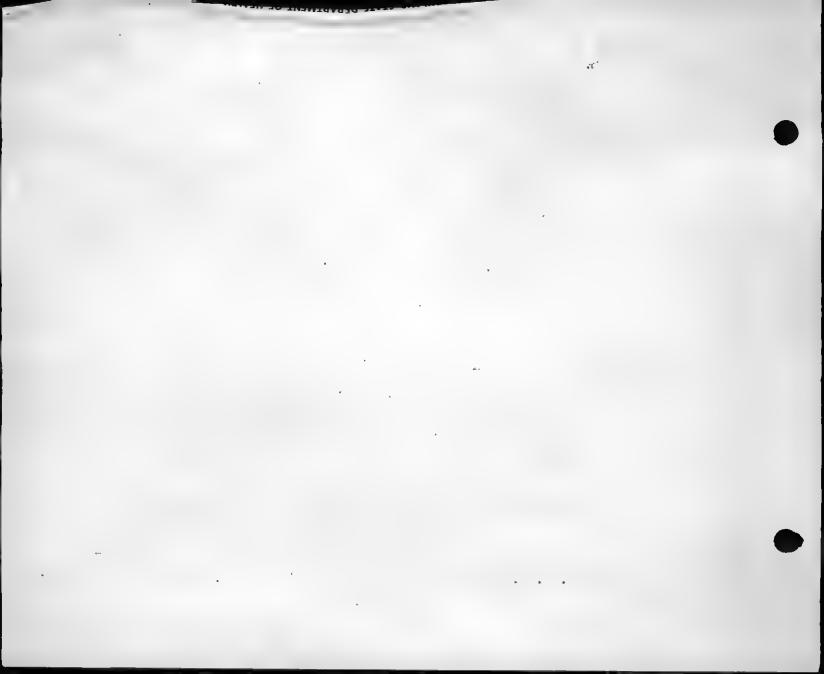
04413

## CERTIFICATE OF DEATH

04415

и . Х				II a Henry Beenberge	nt 12 12 12 12 12 12 12 12 12 12 12 12 12	
1/1	1 PLACE OF DEATH				Vhere deceased lived, if institution Resi	dence before admission
<b>V</b> /	o COUNTY		HA PMI A UP	o. STATE	b. COUNTY	- amilia
		comico	MARYLAND	Plary		comico
		( f outside corporate l mits,	E LENGTH OF STAY IN 16	CCITY OR TOWN (If our	tside corporate limits, write RURAL and	give neorest town)
		nd give neorest town)				
	Sa	alisbury	556 days	∥ Salis	sbury	A.r.
	d. NAME OF HOSP	ITAL OR INSTITUTION (If not in h	aspital, give street address)	d STREET ADDRESS	-	e IS RESIDENCE
.7		1				ON A FARM?
- //	Deer	B Head State He	ospital	Camden A	venue	YES NO
4 1	3. NAME OF	First	Middle	Lost	4 DATE Month	Dov Yeor
	DECEASED			DARTER	OF No. 1	67
	(Type or print)	Russell	Truitt	ROBERTS	DEATH March 5	19 67
	S SEX	6. COLOR OR RACE 7 A	MARRIED NEVER MARRIED	B. DATE OF BIRTH		ER I YEAR   IF JNDER 24 HRS.
				11/5 /K	lost birthdoy) Month	s Doys Hours Min.
	Male	White W	IDOWED DIVORCED	10/20/12	871 /5 yrs	
	10a. LSUAL OCCUPATION	ON (Give kind of work done	10b. KIND OF BUSINESS OR	11 BIRTHPLACE (County)	& State, or foreign country) 12	CITIZEN OF WHAT
	during most of working		INDUSTRY	M. 1	3	COUNTRY?
1	260×	*0>		L/2+1/2	Zn /	mesica
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
L. Ji	77.	- 7	2 /	M-7.00	-+ P / 11	<sup>7</sup> , ~ .
_/		723 2. (/	10004/5	1/10445	to/ 1. Coll.	102
		VER IN U.S. ARMED FORCES? 🎽 🔠	16 SOCIAL SECURITY NO 17	INFORMANT	Address	1.5
	(Yes, no, prunknown	) (If yes give wor or dates of serv	100 5-11	77	TP/ Note 13-	7/to an MI
			13/1-/4-8/170	Momas.	J.000000000	=/(/)mp/c//
	18. CAUSE OF	DEATH (Enter only one couse pe	r line for (o), (b), and (c).)			INTERVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY:	Congestive heart	failure		ONSEL AND DEATH
	. 7	IMMEDIATE CAUSE (o)	00116000210 11001	II 0 10 20 00 0		0=0 Weeks
	4 /	DUE TO				
	Canditions, if or	ry, which gove ) (b)	Arteriosclerotic	heart diseas	se	Years
	rise to immedi	nte couse (n)				
	stoting the und	lerlying couse DUE TO				
	last.	(c)	Pulmonary tubercu	losis		Years
	DART IL OTHER	SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1/o)	19. WAS AUTOPSY
1	S INC. II. OHICK				british street is trust its	PERFORMED?
	./Ple 200. ACCIDENT W OR CONTRIBUTION OF EITHER NOTE	ural effusion	(left), probably t	uberculosis	<u> </u>	YES 🔼 NO 🗌
	20o, ACCIDENT V	AS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in I	Port ( or Port II of item 18)	
	OR CONTRIBUTION	IG □ CAUSE OF DEATH		1- (-)	,	
	(IF EITHER, NOTI	FY MEDICAL EXAMINER)				
	20c TIME OF IN	JURY Month, Doy, Yeor	20d. INJURY OCCURRED 20e. PL/	CE OF INJURY (Home, form	, 20f. (City or town)	(County) (Stote)
	율 Hour			tory, street, office bldg., etc.)		
		p.m. 19	ot work U ot work U			
	21. I cer	tify that (I) (this haspital	) attended the deceased fram $oldsymbol{\it L}$	ugust 26 . I	9 65 to March 5 1	967 that (I) (we) last
	anni tha	deceased alive on Mar	ch 5, 19 67, and the	it don'th accurred at	OOP M from couses and an	the date stated above
			17 01 , 4110 1110	ii godiii decomos di-		
	22q. SIGNATUR	E, a		ATTENDING	MED STAES	DATE SIGNED
	104	to) I May Co	M	D. PHYS.	DIRECTOR PHYS. X 3-	-6-67
	22c. PHYSICIAN	I'S		22d. ADDRESS		
	NAME (TV	oe) Dr. C. H. Wi	nnacott.		ad State Hospital,	Salisbury Md
′		TI O O III MI	11100000	1001 9 1100		, 502255000 3 31100
	230 BURIAL, CREMA	TION. 23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (State)
0	BEMOVAL (Spec	ify), DA	7 6746		T 111	ML
1	- イプイベスマグラ		1 1/4/ (24	NE CEM:	NESTERVITE,	1/ 107 >
	24. FUNERAL DIREC	JOR, //	ADDRESS	250. REGD	BY REGISTRAR 256 REGISTRAR	S. SIGNATURE
6.3		1 1 1 -//		TAX A LI	1 () 4007 1 //(//	
7)1	1/	Massex	& BIValle, N	MAR	10 1967 Jan	es Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Therr please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Fage 4 may be retained by the hospital ar attending physician. VR A15 (4), 20 M 1/66



cny deloy is

5 may be retained for your fles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health or its designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours after death.

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form. PM3 Page

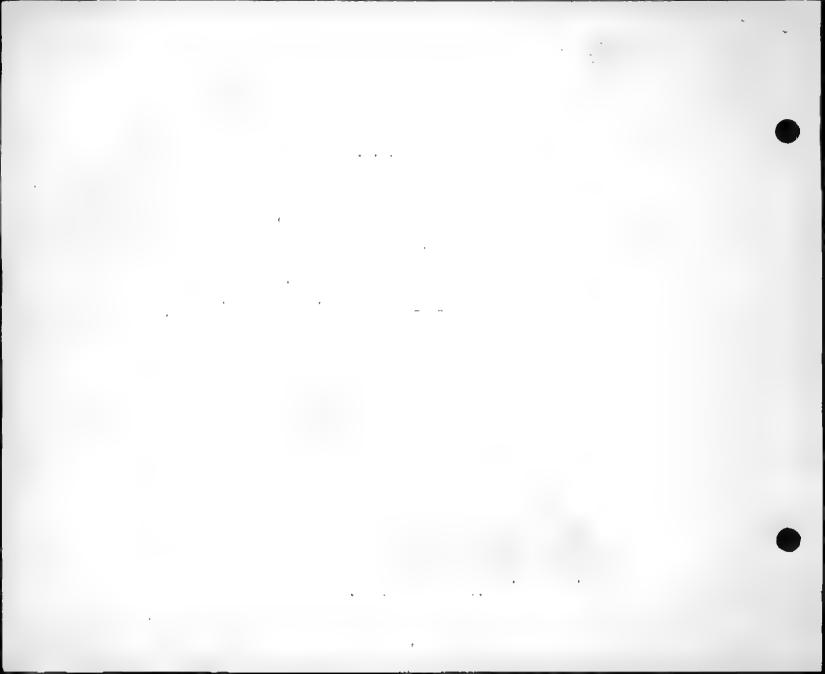
necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth If

Item 18 Film 386 3-10-67 AMARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04414		MEDI	CAL EXAMINE	R'S CERT	IFICATE O	F DEA	TH	04	416	
	PLACE OF DEATH	*					Nhere dece	ased lived, if institu		before a	dmission)
(	D. COUNTY Wic	omico		MARYLAN		Maryl	land	b. CDL	Wice	omic	0
	b. CITY OR TOWN (	If outside corporate 1 mit	5,	c LENGTH OF STAY N 16	c CITY	OR TOWN (If ou	fside corpo	orate limits, write RL	JRAL ond g ve r	reorest lo	own)
	write RURAL on Sa 1	l give nearest town)				Salis	bury				*
(	d. NAME OF HDSPIT	AL OR INSTITUTION (If n	ot in hospital, giv	re street oddress)	d STR	FET ADDRESS					S RESIDENCE
	Pen	insula Gene	ral Hos	pital D.O.A		306 F	inew	ay		YES	N A FARM?
	NAME OF	F	irst	Middle		Lost	4 DATE	Mor	1†h	Day	Уеаг
	DECFASEO (Type or print)	EDG/	LR .	LEE	R	USH	OF OEAT	H Marc	h .	1	19 67
S :	SEX	6 (OLOR OR RACE	7 MARR ED	NEVER MARRIED	B DATE	OF BIRTH		9 AGE (In years lost birthday)	Months (		UNDER 24 HRS
	Male	White	WIDOWED [	DIVORCED	Jul	7 20, 19	10	56 yrs		11	Hours Min.
	USUAL OCCUPATION	(Give kind of work done		D OF BUSINESS OR LSTRY	11. B	RTHPLACE (State	or fore gn	country)		EN OF W	HAT
	Factory			othing		Virginia	a	ь		SA	
13.	FATHER S NAME	-			14 MC	THER'S MAIDEN N	AME				
	Charlie					Unk.)					
1S (Ye	WAS DECEASED EVE	RINUS ARMED FORCES?	of serv cell	OCIAL SECURITY NO.	17 INFORMA	Virgini	a L.	Rush (Wi	fe)		
(,,,	No	(If yes give wor or dates	22	5-03-2720	306	Pineway,	Sal	isbury N	laryland		
		EATH (Enter only one cou TH WAS CAUSED BY:					3 0			INTERV	AL BETWEEN
	FAKI I. DEA	MMED ATE CAUSE	(o) <b>Rup</b>	tured aortic	aneur	ysm – e	abdon	ninal		Mir	and DEATH nutes
	4:1		TO								
	Conditions, if any	e couse (a)	(b)								
	stating the unde								İ		
	lost.	)	(c)		70 717 7401	1114 D. CEACE CO.	1017101 01	VEL III SARY III X		10 4/4	AS AUTOPSY
5	PART IT DIMER SI	GNIFICANT CONDITIONS (	ONTRIBUTING TO	DEATH BUT NOT RELATED	IO THE TERM	INAF D 2FYZE COM	IDITION GE	VEN IN PART E(0)		PEI	RFORMED?
IS	2Do EXTERNAL CA	IICE MAC	I pol Drr	TOURS HELD MANUEL ACCUSE	050 45-4	town of the second	D - A 1 D	- A II - ( - A 10 )		AE2	X NO
MEDICAL CERTIFICATION	PRIMARY Or (O		SOP DEZ	RIBE HOW INJURY OCCUR	KED (Fulet bo	ure of injury in a	Port For P	OFT II OT ITEM 18.)			
AL C	CAUSE OF DEATH.	100 M of 10 M	00.1 1011	URY OCCURRED 206	DIACE OF THE	URY (Home, form	T 20f.	(C i i	(Count	L.A	(final)
ED(C	Hour o.		While	Not While		t, office bldg., etc.)		(City or town)	(COLIII	i yi j	(State)
	p:		at work		1 11			. (27)			
		. //	_	ains described abave					viry X,	and in	my opinion
	death resul	red from: Natur	al causes X	, Accident	Suicide	, Homicide	a-u-i	Undetermined n	nanner 🔛		
	ACTUAL.	with 1	ma			ASSISTANT MEDICAL				22.	DATE SIGNED
	SIGNATURE	Do Family	David		M.D	DEPUTY MEDICA		-34	March	2	/1967
	At a differ over 1	Dr. Earl L.	Ave. S	alisbury. M	d	Address (Street,					
230	BURIAL, CREMATIO	DN, 236 DATE TH	EREOF	23c. NAME OF CEMETER	DR CREMATO			LOCATION (City or To		ounty)	(State)
	REMOVAL (Specify Burial	March	4,1967	Springhill	Memory			alisbury	, Maryl	and	
24	FUNERAL DIRECTO	Y & COMPAN	Y, SALIS	ADDRESS MARY	LAND	2So REC D	BY REGIS	184 256 R 3 1967	EGISTRADIA GI	NATURE	Judge

VR A15ME (5) 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04415 CERTIFICATE OF DEATH 04417

				V.	2224
	PLACE OF DEATH		2 USUAL RESIDENCE (W	Vhere deceased lived, if institution: Residence	lence betare admission)
	a. COUNTY Wicomico	MARYLAND	0. SIAIE	***	rset
	b CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	tside carparate limits, write RURAL and c	give nearest tawn)
	write RURAL and give nearest town)		, , , , , , , , , , , , , , , , , , ,	*****	10 m
_	Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in he	since 11/7/66	d STREET ADDRESS	rincess Anne	e. IS RESIDENCE
	Pine Bluff State Ho		Route 1	Box 4	ON A FARM? YES NO Q
3.	NAME OF First	Middle	Last	4. DATE Menth	Day Year
	DECEASED (Type or pont) ODSTAT	CITY SANDERS		OF DEATH March	4 1967
		ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years   FUND	ER I YEAR   IF UNDER 24 HRS.
	M W wi	DOWED DIVORCED	8/9/1918	jast birthday) Manths 48 yrs.	
	s. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County	& State, or fareign cauntry) 12	CITIZEN OF WHAT
aur	ing most of working life, even if retired) Salesman	TND031K1	Somerset	Co., Maryland	COUNTRY? USA
13.	FATHER S NAME		14. MOTHER'S MAIDEN N	IAME	
	Granville Sanders		Amanda	Macon	
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17.	INFORMANT	Address	
(Y	es, na, or unknown) (If yes give war ar dates of servi	(e) 219-07-4360 Re	nonds of Di	ne Bluff Hospita	T.
_	yes W. War II  18 CAUSE OF DEATH (Enter only one cause per		corus or ri	the bidii nobpica	INTEDIAL DETIMEN
	DADT ( DEATH WAS CAUSED BY	11.11.			ONSET AND DEATH
		Pulmonary to	merculosis		2 yrs
	DUE TO				
	Cand trans, if any, which gave (b)				
	stating the underlying cause				
	last. (c)				
×	PART IF OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ATIC					YES NO 😓
CERTIFICATION	20o ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in I	Part I ar Part II of item 18)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form		(Caunty) (State)
띭	Hour o.m. p.m. 19	While Nat While of wark	ctory, street, affice bldg., etc.)		
	21. I certify that (I) (this hospital		11/7	9 66 to 3/4 1	967, that (I) (we) la
	saw the deceased alive on		ot death accurred of	1:15aM, from causes and on	the date stated above
	22a. SIGNATURE	7		22b.	DATE SIGNED
	2101/4	I to be to the A	A.D. PHYS.	MED. DIRECTOR STAFF DIRECTOR PHYS DIMEN	rch 4, 1967
	22c. PHYSICIAN'S		22d. ADDRESS		
		ings, M.D.	Pine Blui	ff State Hospita	I.
23.	o. BURIA., CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OF	RECREMATORY	23d LOCATION (City or Town)	(County) (State)
P	SURIAL (Specify) 3/6/196		EMETERY	COSTON, MARYI	AND
	4. FUNERAL DIRECTOR	ADDRESS	25g REC'D	BY REGISTRAR 25b REGISTRAR	
-	LEVIN R. WILSON	PRINCESS ANNE		8 1967 Milan	las Indas.
D.	TIPS VILLE HILLSOUN	THE COUNTY AND A	(a) かった ◆   (元は い)。	V 1001 // - / 1	V 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

ANNE, MD.

TO FUNERAL DIRECTOR: After this certificate has Been signed by the attending physicion and completely fined in by the funerol director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withmr 24 haurs after death Page 4 may be retained by the hospitol or ottending physician.

VR A1II (4) { 20 M 1/66

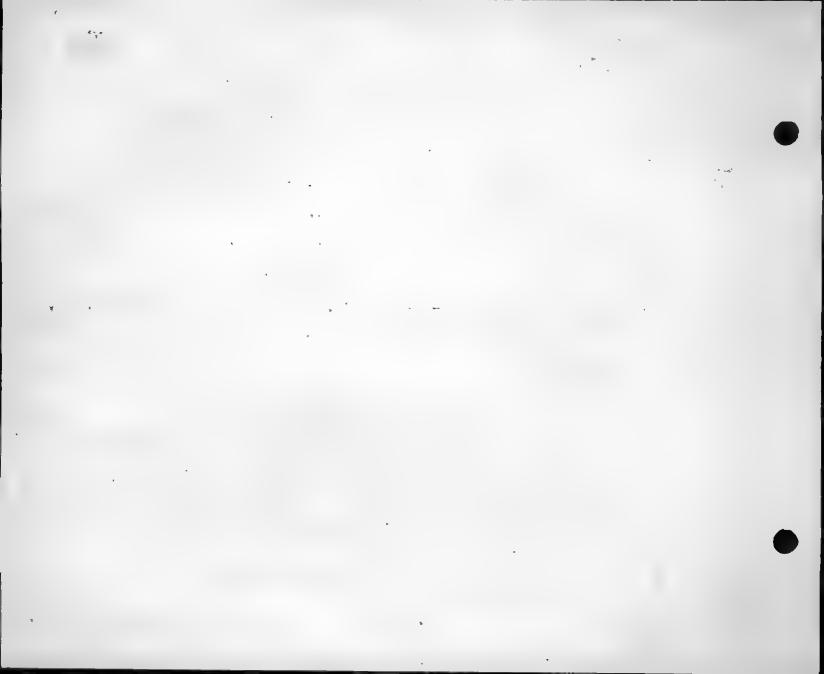
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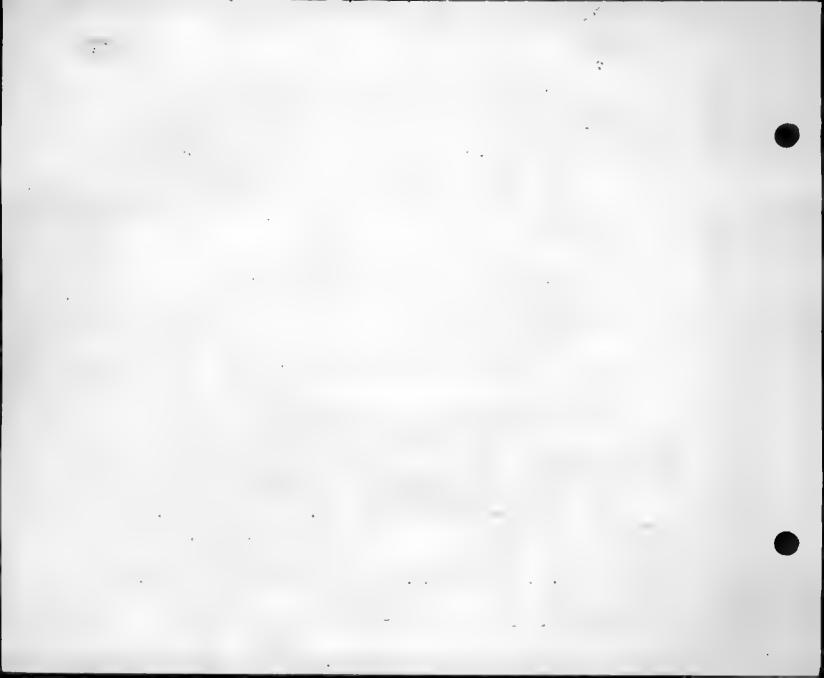


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04417 aeath. ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deatili Land 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admissia PLACE OF DEATH b. COUNTY a STATE a. COUNTY Delaware Sussex MARYLAND Wicomico c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparote limits, c. LENGTH OF STAY IN 16 write RURAL and give negrest tawn) ve carbon popers. Present, within 72 hours Greenwood Rural Salisbury
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS .⊑ 80 completely filled YES NO X Peninsula General Hospital DATE Year remove carbon, NAME OF Month Dov DECEASED OF Mav 19 DEATH (Type or print) IF UNDER 1 YEAR LIF UNDER 24 HRS. AGE (In years S SEX 6. COLOR OR RACE DATE OF BIRTS 7 MARRIED NEVER MARRIED last birthday) Months Days Hours DIVORCED Oct. and in any WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT.ZEN OF WHAT COUNTRY? during mast of warking life, even if retired) **INDUSTRY** physician ( Pennsylvania USA Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER 5 NAME cremation, or removal, ottending phys Maude Elizabeth Howard John Buckalew 17 INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service Jesse Greenwood Del. Sharp no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter any one couse per line for (a), (b), and (c):) ONSET AND DEATH **buriol-transit** PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) þ be retained by the hospital or attending physician. DUE TO signed t buriol, Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause os the hos been State Dept. of Health prior to last 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? r this certificate h detached for use NO IX 20g ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Hame, farm, (State) 20d INJURY OCCURRED (City or tawn) (County) 20c TIME OF INJURY Month, Day, Year factory, street, affice blda., etc ) Hour o.m. Not While at wark at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram. 19. / to , 190 / that (1) (we) last director, page 3 should should be filed with the 19 (5) and that death accurred at 10 P.M. fram causes and an the date stated above. saw the deceased alive on. DATE SIGNED 22b 22n. SIGNATURE M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) MediCAL 23d. LOCATION (City or Town) BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Greenwood Sussex Del Johnstown 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04418 PHYSICIAN: The low requires that the Beath certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Maryland Wicomico Worcester MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 410 days Snow Hill Salisbury ALO C d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS completely filled in Deer's Head State Hospital 240 Martin Street YES NO T 4 DATE NAME OF Middle Month Year Last DECEASED Lucille Smith March 26 19 67 Grace (Type or print) DEATH B. DATE OF BIRTH AGE (In years IF UNDER T YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED NEVER MARRIED remove and in ony ev lost birthdoy) Haurs Dec. 22.1898 White Female WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 10a USUAL OCCUPATION (Give kind of work done COUNTRY? Own H me during most of warking life, even if retired)
HOUSEWITE physicían ( ien please Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending phys cremation, or removal, Unknown John Sheraton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 240 Martin St. (Yes, ng. ar unknawn) (If yes give war ar dates of service) Elton I. Smith, Snow Hill, Md None INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-transit s ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Multiple pulmonary emboli IMMEDIATE CAUSE (c) Poge 4 may be retained by the hospital or attending physician. DUE TO buriol, Bronchopneumonia - aspiration Conditions, if any, which gave rise to immediate couse (c), DUE TO stating the underlying couse State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES X NO O FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item IB.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour p.m. foctory, street, office bldg , etc.) Nat While at work Mar. 26 , 1967, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from\_ Feb. 9 19.66 . to M, tram causes and an the date stated abave. director, page 3 should should be filed with the saw the deceased alive on March 26 19 67, and that death accurred at 22b. DATE SIGNED 220. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 3/27/67 5 M.D. PHYS 22d. ADDRESS 22c PNYSICIAN'S A. C. Mitchell. M.D. ead Hospital; Salisbury, Md. Deer's NAME (Type) 23d. LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Worcester. Union-Greenbackville Buria 25g, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66

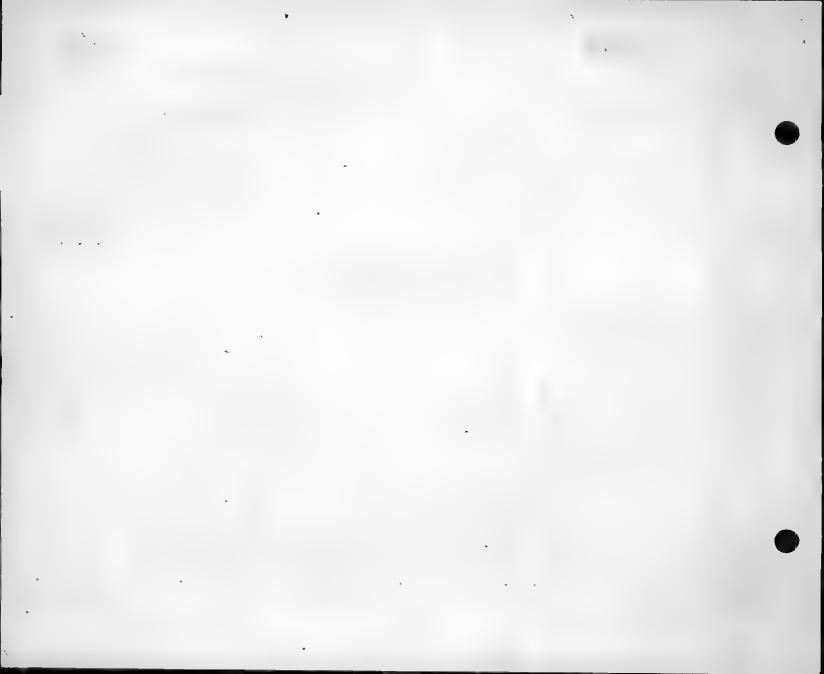


1	MARYLAND STATE DI Division of STATISTICAL RESEARCH AND RECORDS, 30	E <mark>PARTMENT OF HEALTH</mark> DI W. PRESTON STREET, BALTIMORE, MARYLANI	D 21201
. 2	04419 CERTIFICATI	E OF DEATH	4421
funeral fund 2	1 PLACE OF DEATH a. CDUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: R o. STATE b. COUNTY B	Residence before odmission/ altimore City
haurs after by the f	b. CITY DR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)  Salisbury  5152 days	c CITY OR TOWN (If outside corporate limits, write RURAL a	nd give nearest tawn)
d in Boers.	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
filler filler fhin	Deer's Head State Hospital  3 NAME OF First Middle	Last L4, DATE Month	VES ND Day Year
ecuted within 24 campletely filled ave carban pape y event, within 77	DECEASED (Type or print) Walter	SPIVEY DEATH March	5 1967
execute d camp any eve	S SEX 6. COLOR DR RACE 7 MARRIED NEVER	10-29-1893 last birthday) Mo	UNDER   YEAR   IF UNDER 24 HRS. Inths   Days   Haurs   Min.
iden an ease re and in a	dring most of working lite, even if retired)  10b. KIND DF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) WAKEFIELD, UITGINIA	12 CITIZEN OF WHAT COUNTRY?
certifica g physia hen pla naval,	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME  UN K.	
death Itending rmit. T	(Yes, na, ar unknown) (If yes give wor or dates of service)	INFORMANT Address Ospitah Records VAH	
requires that the death certificate be executed within 24 haurs after death, g physician.  In signed by the attending physician and campletely filled in by the funeral e burial-transit permit. Then please remave carban papers. Pages and 2 a burial, crematian, ar remaval, and in any event, within 72 haurs effer death	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) Cerebral thrombo	4%	INTERVAL BETWEEN
physicia igned k urial-tr urial, a	Conditions, if any, which gave rise to immediate cause (a).		7 days
The law red attending F has been s as as the b h priar ta b	stating the underlying cause (c)		
: The law or attendin the has bee use as the	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  Chronic bronchitis	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	19. WAS AUTOPSY PERFORMED? YES ND
PHYSICIAN: e haspital or his certificate stached far u Dept. of Hea	GR CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Part I ar Part II af item 18.)	
IG PHY the ho r this o detack	20c TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19 20d. INJURY DCCURRED While Not While at wark at wark at wark	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) tary, street, affice bldg., etc.)	(Caunty) (State)
NDIN ed by :: Afte Id be	21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an March 5 19 67, and the	March 31 , 1952, to March 5 at death occurred at 2:55 AM, from couses and	, 19 <u>67</u> , that (I) (we) las
Page 4 may be retained by the haspital or attending phystcian.  TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, cre	220. SIGNATURE		22b. DATE SIGNED 3-6-67
PITAL ( may b ERAL Di r, page	22c PHYSICIAN'S NAME (Type) Dr. C. H. Winnacott	22d. ADDRESS Deer's Head State Hospita	=
TO HOSPITAL Page 4 may TO FUNERAL I director, pag	23a. BURIAL CREMATION, REMOVAL (Specify)  3-10-67  23c. NAME OF CEMETERY OR  3-10-67  47  41  41  41  41  41  41  41  41  4	Nat'L Cem Balturioce	(Caunty) (State)
VR A15 (4) 20 M 1/66	24 FUNERAL DIRECTOR ADDRESS ADDRESS T	10 000	car's SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04420 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH n. COUNTY b. COUNTY Worcester Maryland MARYLAND b. CITY OR TOWN IT outside corporate limits. c CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DE STAY IN 1b write RURAL ond give neorest town)
Salisbury 2 days Pocomoke City ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs e. IS RESIDENCE DN A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS Peninsula General Hospital Winter Quarters Drive YES NO K 3. NAME OF 4. DATE Month DECEASED 196 FUENSON DEATH IF UNDER 1 YEAR I IF UNDER 24 HRS 9. AGE (In years DATE OF BIRTH 7 MARRIED NEVER MARRIEDlast Pirthdox) Months Hours 1893 DIVERCED INOV. and in ony WIDOWED and 12. CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired)
Secretary 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, Elizabeth Hearne James Edison Stevenson 15 WAS DECEASED EVER IN U.S. ARMED FDRCES?
(Yes, no, or unknown) (If yes give war or dotes of service) 16. SDCIAL SECURITY ND. 17 INFORMANT Miss Hilda Stevenson, Pocomoke City 216-12-1841 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse director, page 3 shauld be detached for use os the should be filed with the Stote Dept. of Heolth prior to 19 . WAS AUTDPS' PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTO(6) CERTIFICATION YES TV 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) 20d, INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg./etc.) ot work O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from 196 A.M. from causes and on the date stated above. and that death occurred at 19 saw the deceased alive an... 22a. SIGNATURE 22b DATE SIGNED DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S Medical Center, Salisbury, Md. NAME (Type) BURTON. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) (State) Presbyterian Pocomoke City Wor. Md. 3-10-1967 ADDRESS 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Pocomoke City. Md. Watson

Robert



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04421 CERTIFICATE OF DEATH 04423

a de de de la composition della composition dell	1. 1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
	(	COUNTY MARYLAND	o STATE Maryland b. COUNTY Wicomico
ne f Jes offe	ŀ	CITY OR TOWN (If outside corporate limits.   c. LENGTH OF STAY IN. lb.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
by the funeral Pages 1 and tours ofter deat			Salisbury
s. hot		Salisbury  NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddless)	d STREET ADDRESS 6 IS RESIDENCE
02 2g di	,		ON A FARM?
를 <del>망</del> 칠	^ '	Peninsula General Hospital	
5 6 1 ×		NAME OF First Middle DECEASED	Lost 4 DATE Month Doy Year
ta de te	-	Type or print) (Onnie BLIAN )	Tevenson DEATH March 7 1967
E SE	S		B DATE OF BIRTH  9 AGE (In yeors   FUNDER 1 YEAR   FUNDER 24 HRS    February 13, 1967   One of the state of t
p & A			
on in c	100	USUAL OCCUPATION (Give kind of work done no most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY 2
no sos	doir	======================================	Salisbury, Maryland USA
2 <del>2</del> 2	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
prystour. signed by the aftending physician and completely filled in by the fur burial-transit permit. Then please reprove carbon papers. Pages 1 burial, cremation, or removal, and in any event within 72 hours offer	F	lobert Lee Stevenson	Patricia Ellen Powell
Jing Ten		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT Address
mit po	(Ye	s, no, or unknown) (If yes give wor or dotes of service)	Mr. Robert Lee Stevenson 315 Penn Street, Salisbury, Maryland
per lon		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN
the sit at		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DEFLUSE THE	ONSET AND DEATH
by Creat		7630 IMMEDIATE CAUSE (6) DUE TO	
ial-ja		foodising if any which care	4 days
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as been as the prior to		stoting the underlying couse (c)	
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the se of	증		PERFORMENT PERFORMENT
rtificote hod for use of Health	CERTIFICATION		LO SUS YES NO [
#4# #4#	RTIF	200. ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH	(Enter noture of injury in Port I or Port II of item 18.)
hed it. o		(IF EITHER, NOTIFY MEDICAL EXAMINER)	<u>A</u>
his stac Dep	MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tary, street, office bldg., etc.)
t de la	E	p.m. 19 of work of ot work	i i
St. De After	- }	21. 1 certify that(1)(this haspital) attended the deceased fram_	3/4 , 19 6/ to 3/7 , 19 / that (1) (we) last
# Page			nt death accurred at 10:50 M, from causes and an the date stated above.
RECTOR: After this certificate has been 3 should be detached for use as the with the State Dept. of Health prior to		220. SIGNATURE	ATTENDING MED. STAFF 22% DATE SIGNED
9 3 8 3 8 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		alsed Cotes M	D. PHYS LET DIRECTOR L.I PHYS. L.I 9/0/6/
1 6 E		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
2		DI. ALI FER C. NOLLS	mederal Center Salesbury Manyland
O FUNERAL DIRI director, page 3 should be filed \	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR	
Toge 4 may be retained by the hospital of functor, page 3 should be detached for usual be filed with the State Dept. of Health		RIMOVAL (Specify) March 10,1967 Riverside Co	
VR A15 (A)	24	FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAN	250 REC'D BY REGISTRAR 255 REGISTRARE SIGNATURE
20 M 1/68		INDIANA, OC CONTANT, SALIDOORI, WARITAN	MAR 9 1967 Julianus July

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) COUNTY **b.** COUNTY 10 E 100 160 MARYLAND pue b. CITY OR TOWN (if outside corporate limits, ۵ c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give naarest town) write RURAL and give nearest town) \_=-Pages within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat address) d. STREET ADDRESS IS RESIDENCE hours ON A FARM? YES NO 💢 3. NAME OF DATE middle Losi 4. DECEASED OF (Typa or print) DEATH 19 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. DATE OF BIRTH hat bighday) Months Days Hours WIDOWED DIVORCED | physicial 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of wertling life aven if ratirad) 2 13. FATHER'S NAME MOTHER'S MAIDEN NAME ā Then removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1. 17. INFORMANT Address permit. been signed by CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN 6 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) burial-transit DUE TO affending Conditions, if any, which gave rise to immediate cause (a), stating the underlying 뱎 cause last. certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 56 2 CERTIFICATION PERFORMED? esn Prior NO T 20a, ACCIDENT WAS UNDERLYING [7] R: After this detached for t. of Health 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. DIRECTOR: at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from...... (I) (we) last plnous date stated above. 19 2.... and that death occurred from the causes and on the saw the deceased alive on 22Ь. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED death. Page 4 with # PHY5. DIRECTOR PHYS. 6 M.D. 22c. PHYSICIAN'S 22d. ADDRESS rector, I NAME (Type) HOSE 23d LOCATION (City, lown or county) 23a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY (Steta) o ÷ å REMOVAL (Specify) REC'D BY REGISTRAR 25b. REGISTRAR'S 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS SIGNATURE VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

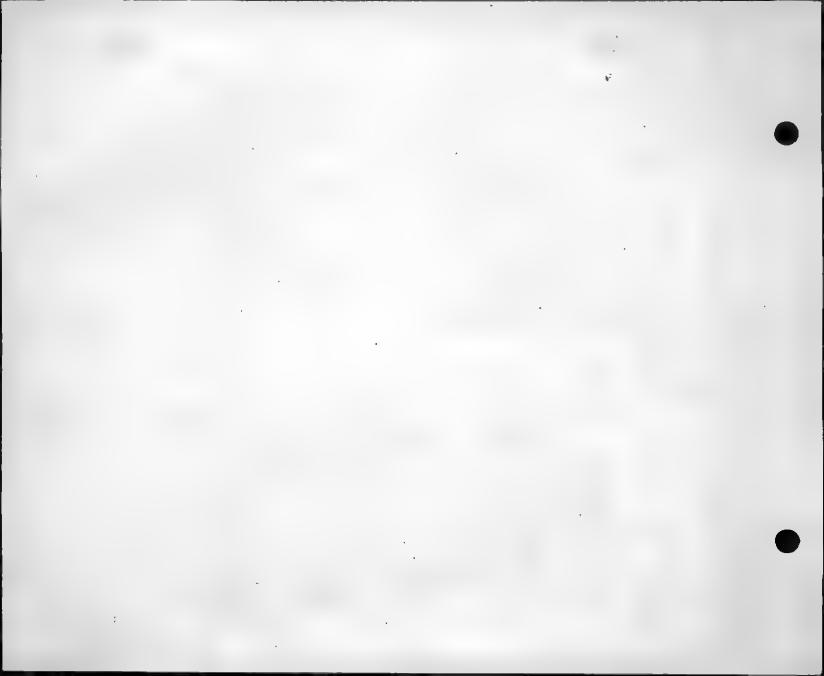


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04493 OAADA

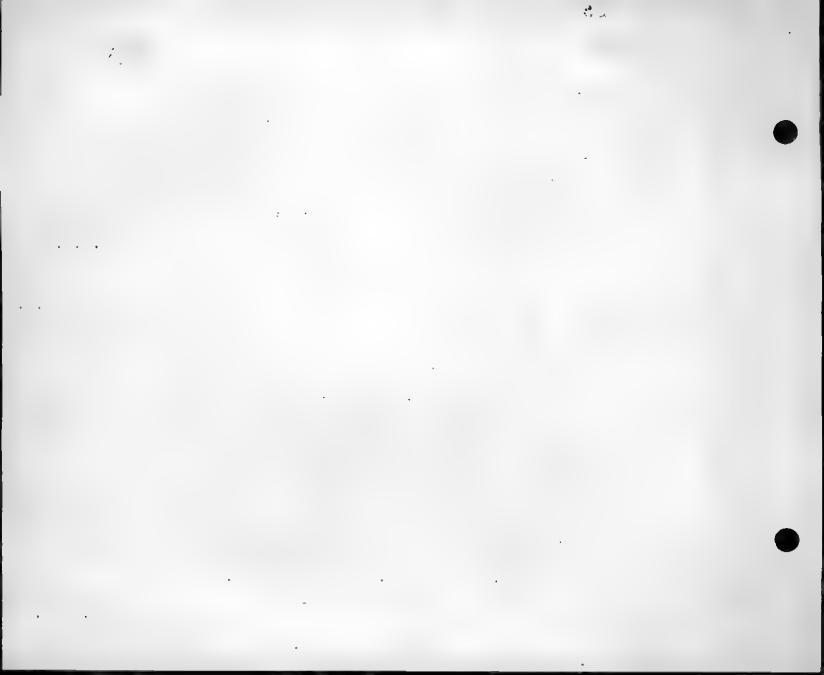
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Jeath certificate Le exacuted within 24 haurs aft is decided and the hospital at attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the 🏚	1ges	shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after de
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VR A15 (4) 20 M 1/66

OXXDO	CERTIFICATE	OF DEATH	U	(法法位法 )
1 PLACE OF DEATH		2. USUAL RESIDENCE (W		ution Residence before admission)
o. COUNTY	MARYLAND	o STATE	b. (0	
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	C CITY OF TOWN (If outs	ede corocreta limits serita P	URAL ond give nearest town)
write RURAL and give nearest town)	C. ECHOID OF STATE IN 10	C CIT DK TOWN [N GOIS	and corporote ilitiis, with a	OKAL ONG GIVE HEGIEST TOWNY
Salisbury		Kural	Snow Hi	
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi	ive street oddress)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
Peninsula General Ho	spital	RED	2	YES NO
3. NAME OF First	Middle	Lost .	4. DATE Mo	nth Doy Year
DECEASED	1 (1/1)	Taul-0	OF On	A A A A med
(Type or print)  S SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	. DATE OF BIRTH	9 AGE (In years	T IF UNDER 1 YEAR JOHN DEROZAGIRS.
		. DAIL OF BIKIN	lost birthdoy)	Months Days Hours, Min.
FEMALE NEGRO WIDOWED	DIVORCED	12rch 9 196	Yrs.	1 1 74 1
	ND OF BUSINESS OR OUSTRY	11. BIRTHPLACE (County &	State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
None-	OJIKI	Snow Hill	Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Chuques Rabins		Caninala	124 lar	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. IN	FORMANT	Add	Iress
(Yes, ng. grunknown) ((If yes give wor or dotes of service)	10	)	1.	1.11 11 1
NO	Vone Lle	Prence 1)1	poins Sno	w Hill, M.R.
18. CAUSE OF DEATH (Enter only one couse per line for	(a) (b) ond (c))			INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Melleclas			ONSET AND DEATH
7625 DUE TO 0	1 4-	1. 1	2.1- 1	about
Conditions, if ony, which gove ) (b)	emolinity	- WV 10	145 4ms)	44hrs
rise to immediate couse (a), ( Dus TO		-	, ,	
stating the underlying couse (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELATED TO TH	UE TERMINAL DISEASE COME	NITION CIVEN IN DADT 1/AL	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING II	DEATH BUT NOT KEEKIED TO IT	TE TERMINAL DISEASE CONL	MION GIVEN IN PART I(0)	PERFORMED?
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.  100 While				YES NO
≦ 200. ACCIDENT WAS UNDERLYING ☐ 205. DES	CRIBE HOW INJURY OCCURRED. (F	Enter noture of injury in Po	ort I or Port II of item 18)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Doy, Year 20d IN		E OF INJURY (Home, form,	20f (City or town)	· (County) (Stote)
Hour o.m. While of work		ry, street, office bldg., etc.)	,	
21. I certify that (1) (this haspital) attend		3/4 19	67. to 3/11	, 1967, that (I) (we) las
saw the deceased alive an 3//3	19/-7 and that	death accurred at	36-2-	s and an the date stated above
220. SIGNATURE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	dodin uttoniou ui_	, in, truit coost	22b. DATESIGNED
	Tills MD		MED. STAFF	3/1/1
22c, PHYSICIAN'S	M.U	PHYS. C	DIRECTOR L PHYS.	4/1/6/
NAME (Type)		medec	al Conton	Silvedon Windland
		7,0	- arab,	MINNER MONTENO
230 BURIA, (REMATION, 23b. DATE THEREOF EMOVAL (Specify)	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or 1	lown) (County) (Stote)
Durial Mar 12 1967	Friendsh	Ó	Snow His	1. Maryland
24 FUNERAL DIRECTOR	ADDRESS	25o. REC'D	BY REGISTRAR 25b	REGISTRAR'S SIGNATURE
James File	Jan 2 4:11 1	DATE	1 3 1967   144	warles Judge



			Division of STATIS	FICAL RESEA	ARCH AND RECOR	DS, 301	W. PRESTON STRE	ET, BALTIMORE, MAI	RYLAND 212	01
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S a th		write RURAL on	ff outside corporate limit d give nearest town)	÷,	4 1				NORME ONG GIVE	Wedlest lowing
by by noi		Salisb	AL OR INSTITUTION (If no		1 day			ckton		23
4 hc lin ers. 72 h	'	3 NAME OF HOSPIT	AL ORTINSTITUTION (If no	et in hospitol g	give street oddress)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
filled filled thin 73		Penins	ula Gener	al_Ho	spital_					YES 🔲 NO 🔀
	3	NAME OF		rst	Middle	1	Lost		Month	Doy Year
cuted within 24 hours afti		DECEASED Type or print)	Bessie	Eliz	abeth	7	mmuNS	OF DEATH	rch	21 1967
rted Raple Co Ven	5		6. COLOR OR RACE	7, MARRIED	NEVER MARRIED		DATE OF BIRTH	9. AGE (in year	s IF UNDER 1	YEAR IF UNDER 24 HRS.
and completely for empty completely for empty event, with	1	emale	wihite	WIDOWED	_		ept. 1,18	88 78 birthdoy	Months	Doys Hours Min.
a a a	100	LISUAL OCCUPATION	(G ve kind of work done		ND OF BUSINESS OR		Han BIRTHPLACE (County	Stote or foreign country)	12 (17	IZEN OF WHAT
E SE	สียา	ng most of working { an sewi	ute, even if retired) L O	IM	DUSTRY		Maryland	r country,		INTRY?
icat Percinal		FATHER 5 NAME				- 1	14. MOTHER'S MAIDEN N	AME		
requires that the leath certificate le executed within 24 hours after deoth g physicion.  I signed by the attending physician and completely filled in by the funeral e buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 buriol, cremotion, or removal, and save event, within 72 hours offer depth o buriol, cremotion, or removal, and save event.	ن	Joshua :	Davis				Sal	lie Merrit	t	
ne lleath cel attending p permit. The ion, or remo				16.	SOCIAL SECURITY NO.	17. 1	NFORMANT	A	ddress	
ne Zeath attendir permit. ion, or re	(Ye	NO	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	of service) 21	3-22-473	5 Mr	s William	Wittman,	Bingha	mton.N.Y.
att per ion	H		ι EATH (Enter only one κοι			7				INTERVAL BETWEEN
t the sit of the sit o	П	PART I. DEA	TH WAS CAUSED BY:		ARDIA	- (	NRRES			ONSET AND DEATH
the Grant of the		22 3	IMMEDIATE CAUSE  DUE	70			171-1-2	/		1/35/1/3
quires that the physicion. signed by the buriol-transit ourial, cremot		Conditions, if ony		(b) AR	TERO SCY	HRATI	· HLYART	- PISEDSE	_	5-4R
phy sign buri	Н	rise to immediat	e couse (a), {	` /	,		C 7.1 E . V	7 1 1		
iCIAN: The law re pitol or attending rtificate hos been a d for use os the of Heolth prior to l		lost.	rlying couse	(a) CK	RPINE	F.K	TILVRE			CYR
s b os prio	_	PART II OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o	\	19. WAS AUTOPSY PERFORMED?
in The service that at the service that at the service that at the service that a	MEDICAL CERTIFICATION	Al	271481725							PERFORMED? YES NO Z
AN: Sirent Fee	)HC	200 ACCIDENT WA		20b. DE	SCRIBE HOW INJURY OC	CURRED (	Enter noture of injury in f	Port I or Port II of item 18.	)	<u> </u>
	GEN	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)			`			,	
p ch ce	ਤ	1	JRY Month, Doy, Year	20d II	JURY OCCURRED	20e PLAC	E OF INJURY (Home, farm	. 20f. (City or town	) · (Cou	nty) (Stote)
DING PHYS by the hos ifter this ce be detoche Stote Dept.	WED	Haur ou	п.	While of work	Not While	focto	ry, street, office bldg., etc.)	(,	, , , , , ,	,,
že <del>ž</del> e ž		93 I en mi				tram /	CF73 / 1	9 /17 10 10/13	2/ 10/	∠, that (I) (we) last
Ped Sed		sourths a	eceased plive on	MAR	1067	and that	death occurred at	2.53 PM from rous	es and on th	e date stated obove.
E		220. /SIGNATURE	eceused plive on_	11		2710 11101				ITE SIGNED//
. OR ATTENDIN be retained by DIRECTOR: Afte ge 3 should be led with the Sto			- bhath a	Ia M	n	M.D	ATTENDING PHYS.	MED STAFF DIRECTOR PHYS.	T 3/	21/67
		22 PHYSICIAN'S					22d. ADDRESS	DIRECTOR 11113.		
RAL DE		22 PHYSICIAN'S HAME (Type	Robert	C. Lai	lar, M.D.		104 Bay	St., Snow	Hill,	Maryland
AN GES	230	BURIAL, CREMATI	ON. 23b. DATE TH	EREOF	23c NAME OF CEME	TERY DE X	DHOODEK	23d. LOCATION (City of		(County) (Stote)
O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the	]	REMOVAL (Specify	3-24-				Methodis	t Stockto	n, Wo	r. Md.
		FUNERAL DIRECTO			ADDRESS		2So REC'D	BY REGISTRAR 2Sb.	REGISTRAR'S SI	GNATURE SUCCES
VR A15 (4) 11 20 M 1/66	1	Topers,	Y. Walso	2m I	Pocomoke	City	, Md DATA AF	₹27 1967	ycuard	es judge
,	/	Kobert	1. Watson							<del></del>



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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

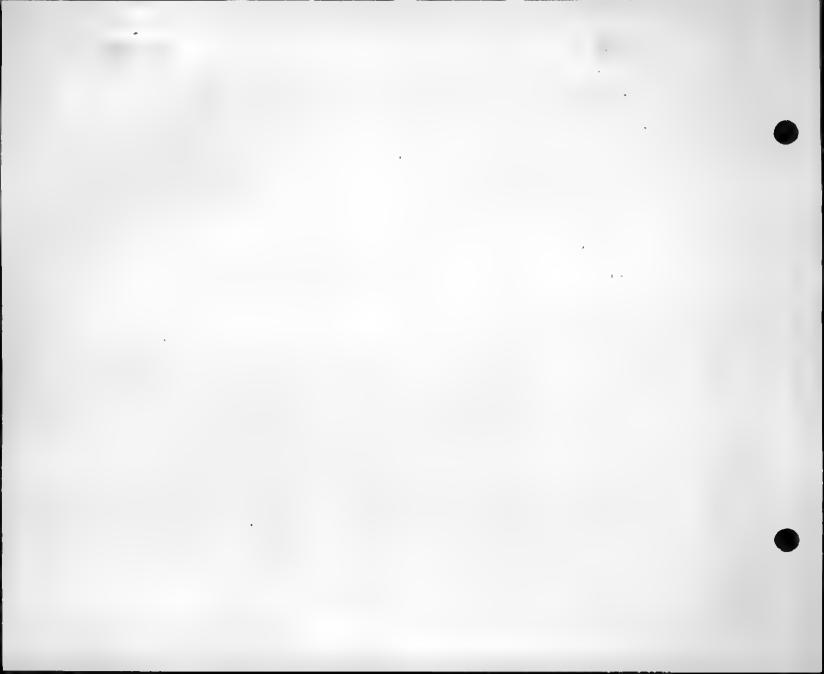
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CERTIFICATE OF DEATH

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		PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)				
	(	o. COUNTY	SEA MARIA AND	O. STATE MADELLA D. COUNTY /// O. T. T.				
		Wicomico	MARYLAND	MARYLAND WORKESTER				
		o CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	C CITY OR TOWN (If outside corporate limits, write RURAL	ond give nearest town)			
				PERLIN	. %			
10	- (	Salishury H NAME OF HOSPITAL OR YNSTITUTION (If not in hospital,	give street oddress)	d STREET ADDRESS	e IS RESIDENCE			
and a		Penincula General Ho	enitel	9 POWELLTON A	VE YES NO P			
		NAME OF First	Middle	Lost 4. DATE Month	Doy Year			
,	_ {	Type or print) LULA	7,	odd OF DEATH March				
	S. 5	SEX 6 COLOR OR RACE 7 MARRIED		(ant buthing )	F UNDER 1 YEAR   IF UNDER 24 HRS.			
	F	emale White WIDOWED	DIVORCED [4]	3-21-8/9/8 49 yrs	fonths Days Hours Min.			
	10o	JSUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR	1) BIRTHPLACE (County & Stote, or foreign country)	12 CITIZEN OF WHAT			
	duri	ng most of working life, even if retired)	NDUSTRY	VA	COUNTRY?			
	12	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	Cary			
	10.			-				
	_/	ELIHU G. JOHNSON		LAURA TAYKOR				
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?  16.  16.  17.  18.  19.  19.  19.  19.  10.  10.  10.  10		NFORMANT Address				
	(76	1, 110, OI DIIKINOWIT) ILII Yes give war oi dales oi service)	BR.	ENDA WILLIAMS BEN	CLIN MO.			
	Ť	18. CAUSE OF DEATH (Enter only one couse per line for	(a), (b), and (c).)	. /	INTERVAL BETWEEN			
		PART I. DEATH WAS CAUSED BY:	weirons if el	wix - widerful melaste	ONSET AND DEATH			
		. INDIREDIATE CROSE (0)	every y	and an institute of the				
		Conditions, if ony, which gove )	U					
		rise to immediate couse (a).						
		stoting the underlying couse DUE TO						
		lost. (c)						
	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY			
2	CERTIFICATION				PERFORMED? YES \ \ NO \			
	2	20. ACCIDENT WAS UNDERLYING (1	ESCRIPT HOW WHITEN OCCUPATED (	Enter noture of injury in Port I or Port II of Item 18.)	10 11 110 110			
	XI	205. DI  OR CONTRIBUTING □ CAUSE OF DEATH    205. DI	STOKIBE HOW INJUST OCCURRED (	cnier noture of injury in Port I of Port II of IIem 18.)				
	=	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
	MEDICAL	and there at the other mentile, and it was		E OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)			
	墨	Hour a m. While p.m. 19 of war		ory, streat, office orag., etc.)				
		21. I certify that (I) (this haspital) atten		. 19 to	. 19 that (I) (we) last			
		saw the deceased alive an	19 and that	death occurred at 1330 M, fram causes an	d an the date stated above.			
		22o. SIGNATURE	- ^		22b. DATE SIGNED			
		Milia 115	M.D	ATTENDING MED. STAFF DIRECTOR PHYS.	2-25 67			
		22c. PHYSICIAN'S	1	22d. ADD RESS				
1		NAME (Type)	V					
1			Too work or conference					
$\wedge$	230	BURIAL, CREMATION, 23b DATE THEREOF REMOYAL (Specify)	23c. NAME OF CEMETERY OR C					
1	E	30RIAC 13-05-67	SUNSET M.		NOR. MO.			
1	24	FUNERAL DIRECTOR	ADDRESS		TRAR'S SIGNATURE			
	6	ELRICH FUNFRAL HOM	E BERLIN. P.	DATE OF THE PARTY	was Judge			

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The low majores that the direct certificate be executed within 24 hours ofter Leath Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune of director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, without 22 hours ofter deat VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

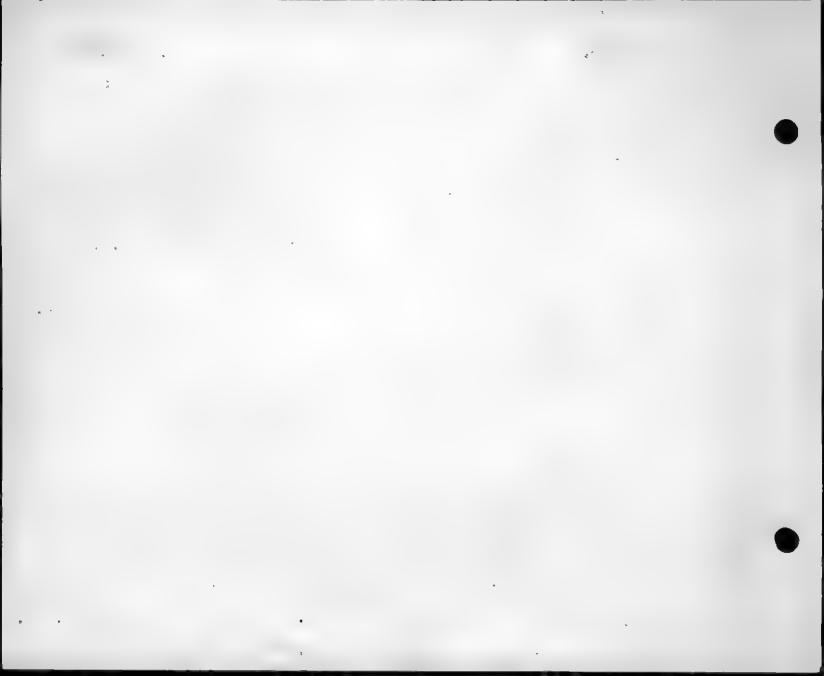
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		04426	CERTIFICATE	OF DEATH	0	4427			
,	1. (	PLACE OF DEATH D. COUNTY	MARYLAND	2. USUAL RESIDENCE (V	Vhere deceased lived, if institution: Reb. COUNTY	esidence before admission)			
	I	Wicomico b CTTY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside corporate limits, write RURAL on				
/1	- 1	Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (If not in h	aspital, give street address)	d. STREET ADDRESS	Selbyville	e IS RESIDENCE ON A FARM?			
		Peninsula Genera NAME OF First	l Hospital Middle	Last	4. DATE Month	YES NO X			
	,	DECEASED (Type or pnnt)  SEX  6. COLOR OR RACE 7 M	10	rwnsend	OF DEATH MARCH	23 19 67 NDER 1 YEAR ] IF UNDER 24 HRS			
	11/	7	DOWED DIVORCED	B. DATE OF BIRTH 4/16/1919	17 /18/yrs. Man	iths Days Hours Min.			
	10a duri	USUA. OCCUPATION (Give kind of work done ing most of working life, even if refired)	10b. KIND OF BUSINESS OR INDUSTRY		& State, or foreign country) er, Maryland U	12. CITIZEN OF WHAT COUNTRY?  J.S.A.			
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME				
	10	Clarence Harman WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	Althea C	ollick Address				
		s, no, ar unknown) (If yes give wor or dates of servi	(8)	rman Town		lle Dela.			
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) Longistum hart feether								
		DUE TO Conditions, if any, which gave ) (b)	Ca Cx stage To			MU5			
		rise to immediate cause (a), stating the underlying cause lost. (c)							
1	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO			
	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED (	(Enter nature of injury in I	Part I or Part II of Item 18.)				
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19		CE OF INJURY (Hame, farm ary, street, office bldg., etc.)		(County) (Stote)			
		21. 1 certify that (I) (this hospital saw the deceased alive an	attended the deceased fram	3//C, I t death occurred at	967 to $3/22$ 1350M, from causes and	19 <u>67,</u> thot (I) (we) last an the date stated above			
		Stedman W. Smit	M.C	* * * * * * * * * * * * * * * * * * * *	MED. STAFF 22	2b. DATE SIGNED			
1		NAME (Type) Stedman W.	Smith		oury, Maryland				
0	23a	BREMOVALISPECITY)  3/27/19	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Town)	(County) (State)			
		BUTTATION 3/27/19	67 Coolspring ADDRESS			Worces Md.  ARS SIGNATURE			
, 4	1.	ichaed T Watson	Selbyville,	Dela. MAR	27 1967 Jelian	les Judge			

TO HOSPITAL OR ATTENDING PRYSICIAM: The law requires that the Beath certificate be executed within 24 haurs after death. Pogm 4 may be retained by the Hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the bages director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eveat, within 72 hours after each

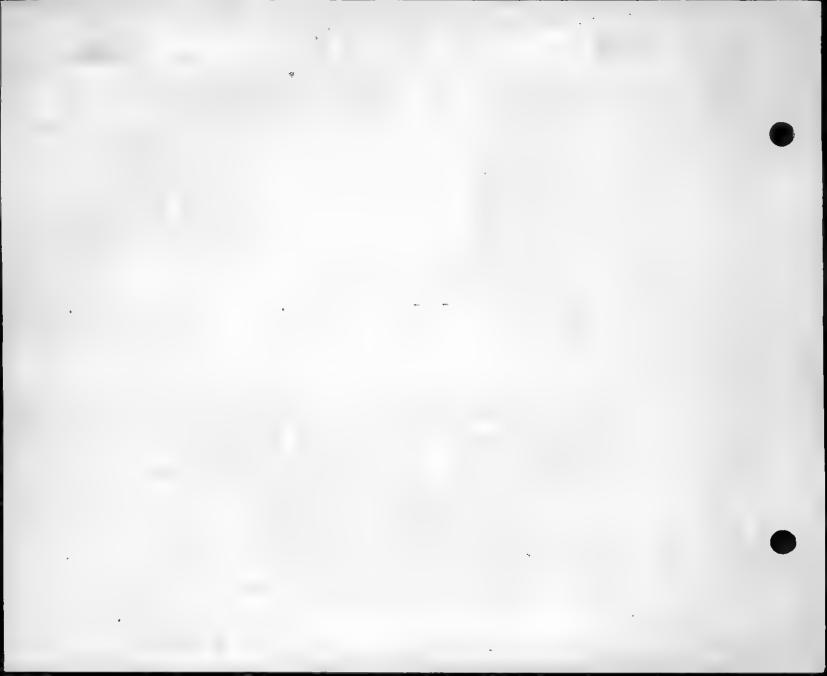
VR A15 (4) 20 M 1/66



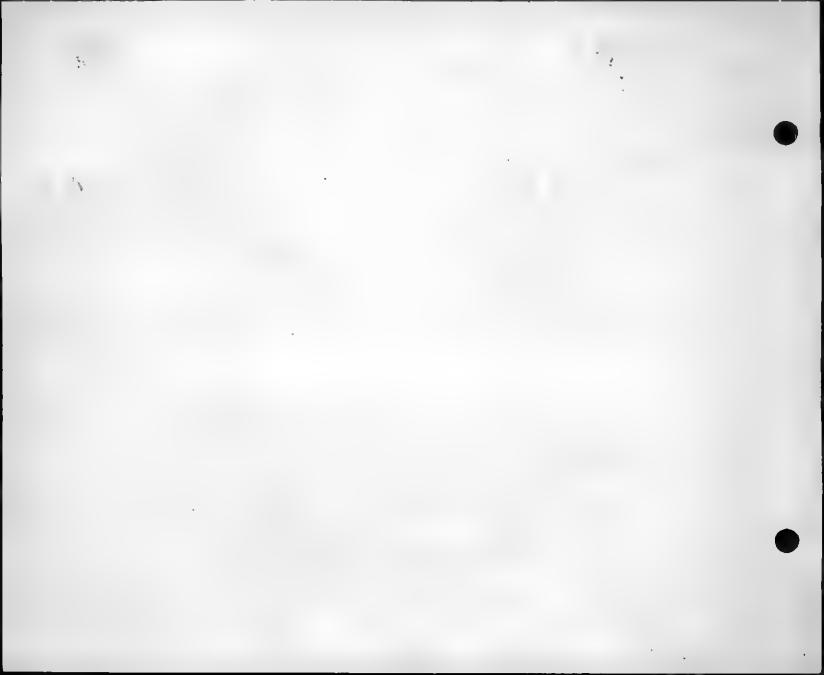
VR A15 (4)<sup>1</sup> 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

I.		04427	C	ERTIFICAT			0/49	
ľ		PLACE OF DEATH a, COUNTY			2. USUAL RESIDENCE	E (Where deceased lived, I		fidence before admission)
1	Wicomico MARYLAND			a. STATE Maryland b. county icomico				
ľ		b. CITY OR TOWN (if outside corporat	e limits, c. LENC	TH OF STAY IN 1b		outside corporate limits		
ı		write RURAL and give nearest town	" 14	. onths	Salis	burv		2 + 1
ŀ	_	d. NAME OF HOSPITAL OR INSTITUTIO		lve street address				e. IS RESIDENCE
1		xx			Zion Chur	ch Road		YES X NO
ľ		NAME OF FIRE DECEASED	rst	Middle	Last	4. DATE N	/lonth	Day Year
V		(Type or print)	dward		Truitt	DEATH Marc		967 19
A	5.	SEX 6. COLOR OR RACE	7. MARRIED X NEV	ER MARRIED [	8. DATE OF BIRTH	9. AGE (In ye		YEAR IF UNDER 24 HRS. Days Hours Min.
1	ilia	le   White	WIDOWED	DIVORCED [	May 7, 188	9 77 yr		Jays Hours Min.
ľ	10a.	USUAL OCCUPATION (Give kind of work on most of working life, even if retired	Jone 10b. KIND OF B	USINESS OR		ounty & State, or foreign co	untry)   12. CIT	TIZEN OF WHAT
ı	F	armer & Poultry	nan Ret	ired	Marylan	đ		SA
ľ	13.	FATHER'S NAME			14. MOTHER'S MAIL			
ı		Sampson Edward	Truitt		Alice	Powell		
ľ	15.	WAS DECEASED EVER IN U.S. ARMED FO	RCES?   16. SOCIALS	ECURITY NO.   17.	INFORMANT		ddress	
ı	(16	X X X X X X		5-1164 a	sther H. T	ruitt Sali	abarem	12
Ì	1	18. CAUSE OF DEATH [Enter only one			CONCL III		SUULY 1	INTERVAL BETWEEN
ı	-1	PART I. DEATH WAS CAUSED BY:	. /	Α .	an ad ear .	- Platel		ONSET AND DEATH
ı	-1	1810 IMMEDIATE CAUSE	• • • • • • • • • • • • • • • • • • • •	arcinor		1 vance		1
ı	- 1	Conditions, if any, which \	(b)	with	metastosa	to lyman		lyear
1		gave rise to immediate				1		
١	- 1	underlying course lead	(c)			0		
ı	ਨੂ	PART II. OTHER SIGNIFICANT CONDITIO		DEATH BUT NOT REL	ATED TO THE TERMINAL I	ISEASE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY
2	CERTIFICATION							PERFORMED?
ı	ᆵ	20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE	HOW INJURY OCC	URRED. (Enter nature of	Injury in Part I or Part	ii of Item 18.)	
١	8	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMIN	NER)					
1	룅	20c. TIME OF INJURY Month, Day,	Year   20d, INJURY 00	CCURRED   20e, PL	ACE OF INJURY (Home, fa	irm, 20f. (City or tow	п) (Соип	ity) (State)
ı	MEDICAL	Hour a.m. 19	While Not at work at	While Tact	ory, street, office bldg., e	tc.)		
١	≥  -	21. I certify that (I) (this hosp			6/11/ 11	956, to dea	19	, that (1) (we) last
١		saw the deceased alive on			at death occurred at			
١	ľ	22a. SIGNATURE	0	o de para tina	of addit oddaring and			TE SIGNED
١	- 1	Ernest	Larmon	M.	D. PHYS.	MED. STAFF DIRECTOR PHYS.	□ 3 <sub>4</sub>	14/67
Л		22c. PHYSICIAN'S NAME (Type)	)		22d. ADDRESS		~ 0	7 7 -7
۱		HAME (1900) E KNES ]	LARME	RE	1	Delmar, 1	Def	
1	23a.	REMOVAL (Specify) 3 5/6		NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (CI		nty) (State)
	-	ומוסו	7 Lev			Willards		
	24.	FUNERAL DIRECTOR	, / /// A	DDRESS	0 1	D BY REGISTRAR 25b	REGISTRAR'S	IGNATURE CONTROL
	1	Mer I makey	XIXIUM	relie a	DATE N	IAR 7. 1967		



<u>5— 1</u>	MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
4 . 7 6	04428 CERTIFICA	TE OF DEATH	04429				
offer death.	PLACE OF DEATH  o. COUNTY  Wicomico  MARYLAND  b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c CITY OR TOWN (If outside carporate limits	b. county				
in 24 hours illed in by papers Pr	Salishury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Peninsula General Hospital	d. STREET ADDRESS	e. is residence on a farm? yes \( \) No				
icate be executed within 24 hours sician and completely filled in by please remove carbon papers Pagli, and in any event within 72 hours	3. NAME DF DECEASED (Type or print)  S SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED  10a USJAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR	B. DATE OF BIRTH  Sept 91855  Ti BirthPlace (County & Stote, or foreign co.	Manth Day Year  19 ( 7) n years   FUNDER   YEAR   FUNDER 24 HRS   irthdoy)   Months Days   Hours Min   yrs   12. CITIZEN OF WHAT				
the death certificate be executed within 24 hours the attending physician ond completely filled in by the sit permit. Then please remove capen papers Panation, or removal, and in any event within 72 hours	during most of working life, even if retired)  13. FATHER'S NAME  15. WAS DECEASED EVER IN J.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 1	Show Hill Hary 13 14. MOTHER'S MAIDEN NAME SARAH (UNKNOWN	COUNTRY?  Country?  Address  Spring Ganden ST.				
equires the physicion. signed by burial-tron burial, crei	(Ves, no or unknown)   (If yes give wor ar dates of service)	Howarbyo.	Phila Po. INTERVAL BETWEEN ONSET AND DEATH				
JING PHYSICIAN: The law reby the hospital or attending later, this certificate has been subedeted for use as the besteaded for use as the best as the besteaded for use as	200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTICE MEDICAL STAMMED)	TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	YES NO D				
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be defached for use as the should be filed with the State Dept: of Health prior to	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e Hour a.m. p.m. 19 white at wark at wark 21. I certify that (1) (this-hospital) attended the deceased from	factory, street, office bldg., etc.)  3 - 20 - 6-7 , 19 to 3 that death accurred at 955 M, from	r town) (County) (State)  - 20-67, 19, that (I) (we) last causes and an the date stated abave.    22b. DAJE SIGNED				
O HOSPITAL OR Poge 4 may be re O FUNERAL DIREC director, page 3 should be filed with	22c PHYRICIAN'S NAME (Type)  23o. BURIAL, CREMATION, REMOVAL (Specify) FEMOVAL (Specify)	M.D. PHYS. DIRECTOR F  22d. ADDRESS OR CREMATORY  23d. LOCATION	TAFF HYS.   3/20/67.  (City ar Town) (County) (State)				
VR A15 (4)	24. FUNERAL DIRECTOR  ADDRESS  Security 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	250 REC'D BY REGISTRAR MAR 2 9 1967	25b. REGISTRAR'S SIGNATURE  Clianles Judge				



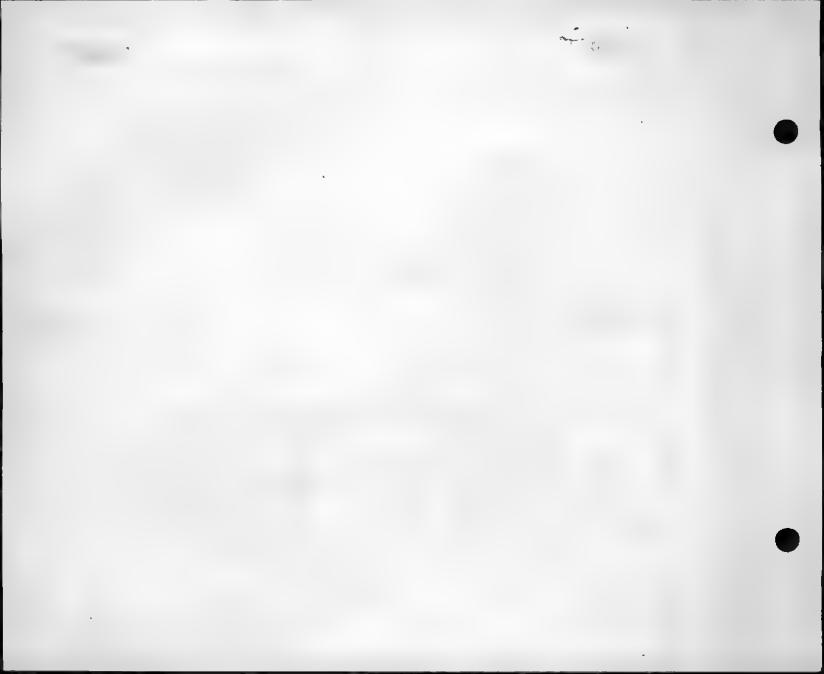
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

)		04429	CERTIFICATE	OF DEATH 04430				
	(	PLACE OF DEATH OF COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (W	here deceosed lived, if institution R b. COUNTY	lesidence before admission)		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Salisbury		c, CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)					
,		d. NAME OF HOSPITAL OR TASTITUTION (If not in hosp Peninsula General	Hognitel	d. SIRTET HODRESS	Colleunde	o is residence on a farm? YES \( \) NO \( \)		
)		NAME OF DECEASED (Type or print) SEX 6 COLOR OR RACE 7. MARI	Middle (ULRIC	COST LOST COST COST COST COST COST COST COST C		Day Year 1967 UNDER 1 YEAR   IF UNDER 24 HRS		
/	TEMPLE (WILDOWED DIVORCED Sept. 23 01. Institution) Months  IDO LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BURTHPLACE (County & Stote, or foreign country) 12 CIT							
	during first of working life, even if retired)  OVERBEUDK			115 000	MURE MO.	COUNTRY?		
		PETER / (LINGEL HOLF-ER CIMALIA WOLF  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor ar dotes of service)						
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  IMMEDIATE CAUSE (o)  IMMEDIATE CAUSE (o)						
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause DUE TD  DUE TO  DUE T						
* .	MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONT	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO		
p <sup>2</sup>		200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Po	ort I or Port II of item 1B.)			
	MEDICA	Hour a.m. p.m. 19 o	White Not While focts	CE OF INJURY (Home, form, ory, street, affice bidg, exc.)	20f. (City or fown)	(County) (Stote)		
		21. I certify that (I) (this hospital) oftended the deceased from						
		22c. PHYSICIAN'S	M.I		MED" STAFF DIRECTOR PHYS.			
1	230	NAME (Type)    Command   C	230 MAME OF CEMETERY OR	CREMATORY	23d. LDCOHON (City or Town)	has (Stote)		
1	24	FUNIRAL DIRECTOR JOSEPHIA	ADDRESS AND	2So. REC'D	BY REGISTRAR 25h REGISTR	AP'S SIGNATURE		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2, shauld be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any execut within 72 haurs after depth.

VR A15 (4) 20 M 1/66

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate  $\blacksquare$ e executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		04430	CERTIFICATE	OF DEATH	04431	,
		PLACE OF DEATH			Where deceased lived, if institution: Reside	ence before odmission)
		Wicomico	MARYLAND	NA ARY C	LAND INO	2CESTER
	ı	<ul> <li>CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IT as	itside carparate limits, write RURAL and gi	ive nearest tawn)
1		Salisbury I NAME OF HOSPITAL OR INSTITUTION (If not in h	nerutas aua etraat addraes)	d. STREET ADDRESS	IX CITY	e. S RESIDENCE
/	,			G. SIKEET ADDRESS	\	ON A FARM? YES NO X
4		Peninsula General	Hospital Middle	Last	4 DATE Month	Day Year
ł		PECEASED Type or print)  ANNIE	B. WAI	NWRIGHT	DEATH March	21 1967
ı				DATE OF BIRTH	9 AGE (In years IF UNDE last birthday) Manths	R I YEAR IF UNDER 24 HRS.  Davs Haurs Min
1	F	5 34 00 6 A A A V V C	DOWED DIVORCED	OCT. 29	5 180 - 8 4 VIS	
ı	10a duri	USUAL OCCUPATION (G ve kind of work daneing mast of working life, even if retired)	INDUSTRY	12 -		CITIZEN OF WHAT
ı	13.	FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME NAME	
ı		GEORGE TA-	VLOR	1741 E	E My MCA	BE
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, or unknown) (If yes give war at dates of servi	(e) 16 SOCIAL SECURITY NO. 17. II	NFORMANT	a Ruble O con	an at mil
		1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE AT	mig for (a), (b), and (c).) and	mal Her	unvling	INTERVAL BETWEEN ONSET AND DEATH
1		/ X BUE TO			•	
ı		Conditions, if any, which gave (b)				
ı		stating the underlying cause DUE TO				
١		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(p)	19. WAS AUTOPSY
,	ATION				4-1	PERFORMED?
	MEDICAL CERTIFICATION	200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in	Part I ar Part II of item 18.)	
	MEDICA	20c TIME OF INJURY Month, Day, Year Haur a.m. p.m.		E OF INJURY (Home, farm pry, street, affice bldg., etc.)		ounty) (State)
		21. I certify that (I) (this has had a saw the deceased alive of		death accurred of		that (I) (we) last the date stated above.
		22 p. SIGNATURE	M.D	ATTENDING D	MED. STAFF 22b.	DATE SIGNED
		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
	23a	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY DR-C	REMATORY	23d. LOCATION (City or Town)	(County) (State)
	(	SURIAL 3/23/	67 EVERGE G	DEEN DEC'S	D BY REGISTRAR 25b REGISTRAR'S	CICHATURE MID
	14	FUNERAL DIRECTOR A. Bul-	The Belling	MIL 250. RECT	27 1967 Peliarle	Judge

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the d<sub>m</sub>ath certificate be executed mithin 24 hours ofter death Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages—and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any element, within 72 hours/afters about

VR A15 (4) 20 M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission) \*. COUNTY b. COUNTY MARYLAND COM140 b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) after Ę Pages within filled d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if no) in hospital, give afreet eddress hours completely papers. 3. NAME OF First 4. DATE Middle Last Month 72 DECEASED OF (Type or print) DEATH 5 within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years DATE OF 3 and last birthday) WIDOWED 💢 DIVORCED certificate attending physician remove 10s. USUAL OCCUPATION (Give Work of work foreign country) dope during most of working life, even if retired any 13. FATHER'S please death Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT requires that the removal, (Yes, no, or unkown) (If yes give war or dates of service) the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), signed by ď PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, the burial-transit 1816 DUE TO aftending Conditions, if any, which peen gave rise to immediate cause DUE TO (a), stating the underlying burial has cause last. (c) PHYSICIAN: hospital or certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION Se <u>o</u> use prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part It of item 18.) 20s. ACCIDENT WAS UNDERLYING [] jo OR CONTRIBUTING [] CAUSE OF DEATH the DIRECTOR: After this of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached ATTENDING ۵ WEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED I 20e. PLACE OF INJURY (Home, form, ! 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) be retained While Not While Hour a.m. at work at work p.m. State Dept. å 19....., to..... 19....., that (I) (we) last should A. M., from the causes and on the date stated above. ..... . ....19... and that death occurred at saw the deceased alive on..... may 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. sath. Page 4 FUNERAL 4 M.D. with 1 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, Fled death. 23s. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county DATE THEREO! IIIMOVAL (Specify) 25e. REC'D BY REGISTRAR 25b 24 FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

Comica

Day

Days

IF UNDER 1 YEAR

Months

. IS RESIDENCE

YES NO

Year

196

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES T

(County)

REGISTRA

NO

(Slate)

22b, DATE

(State)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

Min.

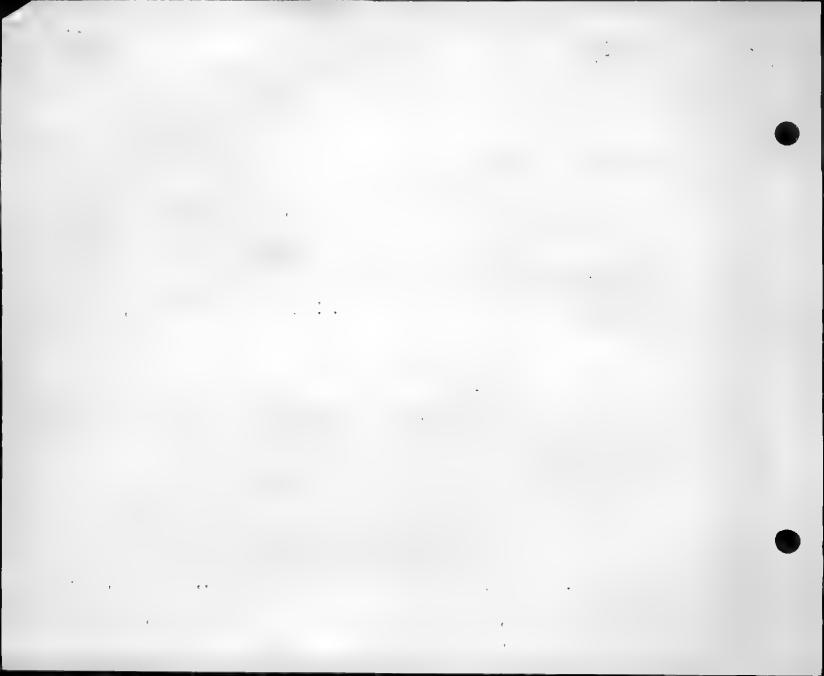
ON A FARM?

VR A1S (4) 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. 2			04432	3		CERTI	FICATE	OF DEATH			044	133
requires that the death certificate be executed within 24 haurs after death g physician.  signed by the attending physician and campletely filled in by the funeral is burial-transit permit. Then please remaye carbon papers. Pages-1 and 3 burial, crematian, ar remayal, and in any event, within 72 haurs after teach a burial, crematian, ar remayal, and in any event, within 72 haurs after teach	<b>⋰</b>		LACE OF DEATH					2. USUAL RESIDENC	CE (Where dece			efore odmission)
= \$f\1		0	. COUNTY Wicomi	CO		MA	RYLAND	o. STATE Mary	land	b. COL	Wicomi	.co
by the furs after hours after	71	Ь	. CITY OR TOWN (I	f outside corporate limit	5,	c. LENGTH OF STAY	IN 1b	c CITY OR TOWN (I	f outside corpo	ote limits, write RI		
Po Po			Salish	give neorest town)				Sali	sbury		100	/
in ha	ı	0		AL OR INSTITUTION (IE no	ot in hospitol, g	ive street oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
lled on 724	0		Penins	ula Gene	ral Ho	spital		613	Church	Street		YES NO X
vithin 24 lily filled in paper within 72	Ī		AME OF		ırst	Middle		Last	4. DATE	Mo	nth	Doy Year
artificate be executed within 24 har physician and campletely filled in been please remave carban papers. aval, and in any event, within 72 ha		(	Fernal (Print)	/		EBEN			OF DEATI			19 -
ured implet		5 5	EX	6 COLOR OR RACE	7. MARRIED	NEVER MARRI	454	B. DATE OF BIRTH		9 AGE ( n years lost_bathdoy)	Mogths Do	
and cam		,			WIDOWED	DIVORC	ED 🔲	June 29, 1		62 yrs.	0 4	
and can remain any			USUAL OCCUPATION  ig most of working	(Give kind of work done		ND OF BUSINESS OR Dustry		11. BIRTHPLACE (Co	unty a State, or I	oreign <b>country)</b>	12 CITIZE	N OF WHAT
kate b sician please l, and i	- 1	T,	ruck Dri	ver	1140	POJIKI		Maryla			USA	
ifica ysic al, a		13	FATHER'S NAME					14. MOTHER'S MAID	EN NAME			
cert a pt lher nav	L			cent Welch				Bertha	Elliso			
를 즐 <sup>그</sup> 를				R IN U.S. ARMED FORCES? (If yes give wor or dates:		SOCIAL SECURITY NO.		NFORMANT	ana Broo		ress	
ne death certifi attending phy permit. Then ian, ar remaval		110	no	(in pas give war ar as as as				Ars. Rebec	x 157M	Braden	ton. Flo	
that the death certific an. by the attending phys transit permit. Then p cremation, ar remaval,	Ī	П		ATH (Enter only one con	use per line for		11 6	C		- 1		INTERVAL BETWEEN
that than the by the transit cremat			PARI I, DEAI	TH WAS CAUSED BY: IMMEDIATE CAUSE	(0) Der	ue be	Corker	at prie	umo	riles	K	ONSET AND DEATH
quires the physician. signed by ourial-transuction.		-	7	DUE	10	'		1/2/				0
equires   physicia signed   burial-tr			Conditions, if ony, rise to immediate	a couse for	(b) ( EC	ionie U	rone	helis		4	R	Vary
ng pan s			stating the under		10 00		,	1 -	· 6	he	1	riaco.
e law re tending ss been as the priar ta		ı	lost.	GNIFICANT CONDITIONS (	(c) (l)	O DEATH BUT NOT B	FLATED TO 1	THE TERMINAL DISEASE	CONDITION CIV	CM IN DART 1(a)	1	19. WAS AUTOPSY
는 F 로 프 스	1	₫	Al .		<b>N</b>		_/	1 -1		CH IN PART I(U)	1	PERFORMED?
IAN: That all ar all ar all incate he far use Health	- 1	<u></u>	200 ACCIDENT WAS	in Heart du			OCCUPPED	(Enter noture of injury		et II of item 181		TO A NO
PHYSICIAN: e haspital ar his certificate stached far u Dept. af Hea		CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	200. 00.			frum notore or milary	, , , , .	11 01 11011 1017		
PHYSIC ne haspi this cert etached Dept. a				MEDICAL EXAMINER)  JRY Month, Doy, Yeor	2Dd. IN	JURY OCCURRED	2De. PLA	CE OF INJURY (Home,	form. 20f.	(City or town)	· (County	(Stote)
the this of the control of the contr		MEDICAL	Hour <b>a</b> .n	n.	While ot work	N N L.		ory, street, office bldg.,		, , ,		, , , , , , , , , , , , , , , , , , , ,
OR ATTENDING PHYSICIA be retained by the haspital DIRECTOR: After this certifics ps 3 shauld be detached fa ed with the State Dept. af H		1	21   certic	100	spital) attend	ded the decease	d fram S	ent 22	19 666	to March	3 . 196 7	? that (I) (-we) Ic
R. A State			saw the de	<b>fy</b> that (I) (t <del>his-ho</del> eceased alive an_	March	3 1967	and tha	t death accurred	at/2:40A	M, fram causes	and an the	date stated abov
ATTEI etaine CTOR: shauf		-	220 SIGNATURE	01	1) 1	. /			MED	STAFF F	22b DATE	
ed w ed w		ı	1	Mirmas.	P. LA	refree	M.I	7 111 4	DIRECTOR	PHYS.	J Mari	13,1967
ral o			22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS		0		
SPITAL 4 may IERAL   ar, pag id be fil	/ [			Dr. THOMAS	P. Bi					s. Sali		
O HOSPITAL OR ATTENDED & MANAGE & MANAG	0	230	BURIAL, CREMATIC	ON, 23b. DATE TH	IEREOF	23c. NAME OF CE	METERY OR	CREMATORY	23d. l	OCATION (City or T	own) (Co	unty) (Stote)
5 5 5 2		4.	REMOVAL (Specify Burial		7. 1967		Ceme	tery	S	alisbury		and
VR A15 (4) 20 M 1/66		24.	HOLLOWAY	r ( & Company	. SALIS	ADDRESS SBURY MA	RYLAN	D 250.	REC'D BY REGIS	967	<b>EGISTRARE</b> SIGN	THE SE
20 M 1/66	- 1			L OF Order Market a	,			DAIL		0	U	,



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 04434

04433

## CERTIFICATE OF DEATH

	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
	o. COUNTY Wicomico	MARYLAND	o. STATE Maryland b. COUNTY Wicomico						
	CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	write RURAL and give nearest town)		Salisbury 20 /						
	NAME OF HOSPITAL OR INSTITUTION (If not in hosp	pitol, give street oddress)	d. STREET ADDRESS e. IS R	SIDENCE					
L		Hospital		FARM?					
	NAME OF First	Middle	J. Lest 4. DATE Month Day	Year					
	OFCEASED (Type or print) (Baby)		DEATH / DEATH / 19	961					
5	SEX 6 COLOR, OR RACE 7. MAR	RIED NEVER MARRIED		DER 24 HRS.					
1	EMALE WHITE WIDO	DWED Baby DIVORCED	March 18, 1967   lost birthday)   Months   Doys   Hou	7 58					
		Ob. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT						
dur	ng most of work ng life, even if retired)	INDUSTRY	Salisbury, Maryland USA						
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	Ronald Lee White		Sandra Sue Vickers						
	WAS DECEASED EVER IN U.S. ARMED FORCES?		Mr. Honald Lee White (Father)						
(18	is, no, or unknown) (If yes give wor or dotes of service)	1	Mr. Honald Lee White (Father) R.D.#3. AirPort Road. Salisbury. Md.						
H	1B. CAUSE OF DEATH (Enter only one couse per lii	ne for (ρ), (b), ond (c) )	INTERVAL						
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Atolint	ONSET ANI	DEATH .					
	1630 DUE TO								
	Conditions, if ony, which gove } (b)								
	nse to immediate cause (o), (	e to immediate couse (o), ( Dur Yo							
	lost.   the underlying couse   (c)								
		TING TO DEATH RUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS A	UTOPSY					
MEDICAL CERTIFICATION	THE R SHEET STORM CONDITIONS CONTRIBUTE	THIS IS DEATH OF THE RESIDENT	PERFO YES 🗌	RMED?					
TIFIC		05. DESCRIBE HOW INJURY OCCURRE	(Enter nature of injury in Port I or Port II of item 1B.)						
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NI/A							
R	20c. TIME OF INJURY Month, Doy, Yeor	20d INJURY OCCURRED 20e. F	LACE OF INJURY (Home, form,   20f (City or town) (County)	(Stote)					
MED.			octory, street, office bldg , etc )						
	p.m. 19 at work 1 at work 1 21. I certify that (I) (this haspital) attended the deceased fram 2/9, 1967, ta 3/9, 1967 that (I) (we) last								
	saw the deceased alive an	119 1962, and the	nat death accurred at 10 to M, fram causes and an the date sta	ted abave.					
	220. SIGNATURE	0 1	ATTENDING MED STAFF 22b. DATE SIGNED	/					
		· Transfer	M.D PHYS DIRECTOR PHYS. 3/19/	7					
	22c. PHYSICIAN'S NAME (Type) Dr. William B	. Smith	22d ADDRESS Salisbury, Marylano	,					
00				161-1-3					
230	BURIAL (REMATION, 23b DATE THEREOF REMOVAL (Specify) March 22.	23c NAME OF CEMETERY C		(Stote)					
-		1967 Whaylesvil.		.114					
24	FUNERAL DIRECTOR	ADDRESS	250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE						
1	HOLLOWAY & COMPANY, SA	HTTUNIN FINDUCATION	ND MAR 2 1 1967   4 Charles Judge						

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and shauld be filled with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs after death O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4): 20 M 1/66

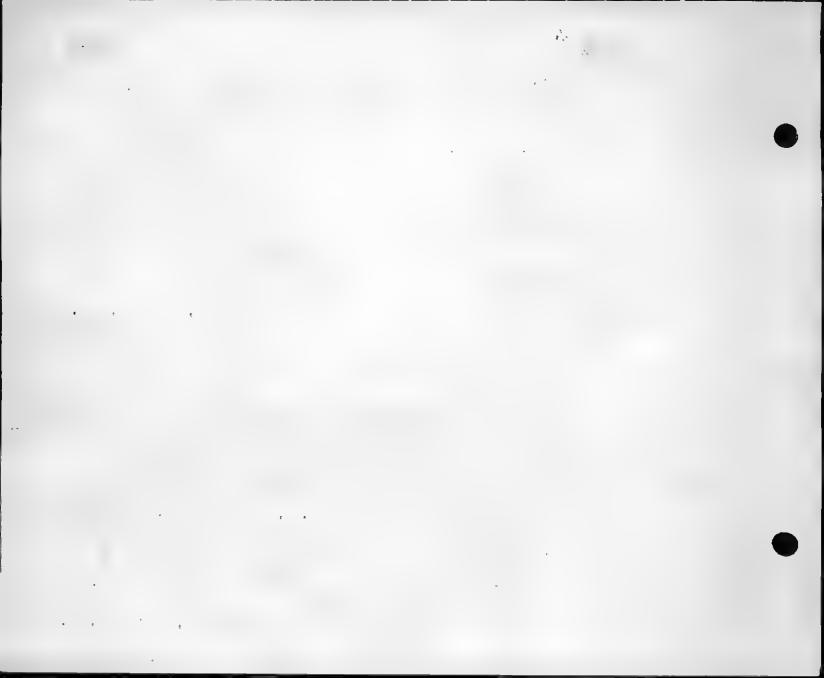


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		0443	4		CERTIFIC	ATE	OF DEATH			0443	15		
		PLACE OF DEATH o. (OUNTY	Wicomico		MARYLA		o. STATE Mar	Where deceosed li	ived, if instituti b. COUN	on Residence befo ITY Somerset	ire admissio	2n)	
		write RURAL one	lf outside corporate limit I give nearest town) Lisbury	5,	c. LENGTH OF STAY IN I		. CITY OR TOWN (If ou						
91			ALOR INSTITUTION (If no Head State			(	I. STREET ADDRESS				e. IS RESIL ON A FA	DENCE ARM? NO SC	
11		NAME OF DECEASED (Type or print)		rst IVE	Middle SARAH	WH	LTELOCK	4. DATE OF DEATH	Mont 3	15	2 19	67	
	S :	SEX F	6. COLOR OR RACE	7, MARRIED WIDOWED	NEVER MARRIED [	<u> </u>	24 18	72 10	E (In years st birthday) 94 yrs	Months Days	Hours	Min	
		USUAL OCCUPATION ing most of working nousewi	I (Give kind of work done the, even if retired) I E		ND OF BUSINESS OR IDLSTRY household		11. BIRTHPLACE (County  Marylan		12. CITIZEN OF WHAT COUNTRY? USA				
		FATHER'S NAME	Joseph Ar				4. Mother's maiden Mary Wil						
			R IN U.S. ARMED FORCES? (If yes give wor or dotes o	of service)	social security no. nknown		ormant rles Whi	telock	Addre Char		•		
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Preumonia  Output  Death  Deat											
		Conditions, if ony, which gove (b) Senility rise to immediate couse (c),											
		stoting the underlying couse   Cc   Cc   Cc   Cc   Cc   Cc   Cc   C											
1/2/2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED? YES NO [2]											
	IL CERTIFICATION	20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not While of work of wo											
		21. I certify that (I) (this haspital) attended the deceased fram Jan. 3, 1967, ta Mar. 15, 1967, that (I) (we) last sow the deceased alive on March 15, 1967, and that death accurred of 2:20 MM, from causes and on the date stated above.											
		220. SIGNATURE	drew Cg	mir	thee	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG	5/67		
1	220	NAME (Type	Andrew		chell	OV 00 (DE	Deer	1 s Head	State Salist ON (City or Tox		rylan	d itote)	
)		REMOVAL (Specify  Durial  FUNERAL DIRECTO	3/17/6	57	Rock Creel	k Ce	metery		e.Some	erset.M	d.	1018]	
0	Z	erunt	Webster		Princess	Ann	ie, Md MAR	2 0 1967		carles In			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter death Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely, director, page 3 should be detoched for use as the buriol-tronsit permit. Then please remove carbof should be filed with the State Dept. af Health prior to buriol, cremotian, or removal, and in ony event, when

h papers. Poges I and thin 72 hours ofter deal Alled in by the fun



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and congretely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed-within 24 hours Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

04435

		a. COUNTY W:	icomico	M	a. STATE Maryland b. COUNTY Dorchester  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Vienna						
		b. CITY OR TOW Write RURAL Salisbut	N (if outside corporate lin and give nearest town)								
90			Nursing Home	f not in hospital, give stre	d. STREET ADORESS Market & Church Streets  6. IS RESIDENCE ON A FARM? YES \( \sum_{NO} \)						
		3. NAME OF DECEASED WALTER (Type or print)			WISSERT		4. DATE OF DEATH	Month March		Year 19 67	
	5. SEX   6. COLOR OR RACE   7. MARRIEO   NEVER   WIGOWEO				MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER LYEAR IF UNI last pirthday) Months Days Hou						
	1Da. durk	usual occupating most of work. Machinis	ing life, even If retired)	IDB. KIND OF BUSINESS INQUSTRY Unk	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY? USA.						
	13.	FATHER'S NAM	Rudolph Wi	ssert		14. MOTHER'S MAID Elizabe	eth Widner				
	15. (Yes	. WAS DECEASED s, no, or unkown) NO	EVER IN U.S. ARMED FORCE (If yes give war or dates of serv	16. SOCIAL SECURIT 135-03-534		Thomas O.	Tyler, Vie	address nna, Mar			
		PART I. OF HAD OF Conditions, If gave rise to cause (a), si	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO any, which (b) immediate DUE TO	Corolex Ortore	of (c).1	Throub enterios	selorasia La sur ne	land in	Ur U	AL BETWEEN AND DEATH SELECTION OF A	
2	CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI		20b. DESCRIBE HOW	YAS	TED TO THE TERMINAL C			YES	AS AUTOPSY ERFORMEQ? NO	
	MEDICAL	2DC. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   2De. PLACE OF INJURY (Home, farm, factory, stre									
		21. I certify that (I) (this hospital) attended the deceased from 19 to 19 to 19 to 19 to that (I) (we) last saw the deceased alive on 190, and that death occurred at 190, from the causes and on the date stated above.  22a. SIGNATURE									
1		22c. PHYSICIAN'S RUFUS S. GARDNERUR NEGUCENTER, SALISBURY Md.  PHYS. MEO. OIRECTOR   STAFF   3/11/6/22d. ADORESS   A									
0		Burial (Spi		1967 Greenl	awn Cei			ge, Mary	'land'	(State)	
N		. FUNERAL DIRI eCompte		ice, Cambridg		yland DAMAF	1 5 1967	56 REGISTRA	SHINAT	J.	

VR A15 (4)

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04436

## CERTIFICATE OF DEATH

04437

- 1		0 4 4 0 0						0.2.2.0.1
	C	LACE OF DEATH	Wicomic	- 17	IARYLAND	o. STATE Mary		Dorchester
	t	write RURAL one	If outside corporate limits, give neorest town)	c, LENGTH OF ST			tside corporate limits, write RURA	(L ond give nearest town)
	-		Alisbury AL OR INSTITUTION (If not in		days	d. STREET ADDRESS		e. IS RESIDENCE
1	,		r's Head Sta				.D#1, %KXXXX	E CAPAC & MO
1	1/	IAME OF ECEASED Type or print)	First GEOR	Middle GE EDWARI	O WOI	VGUS Lost	4. DATE Month OF DEATH 3	31 19 67
	5/5	ex M		MARRIED NEVER MAR	Will Street	2/2/11	9. AGE (In years last birthdoy) 5 0 yrs.	Months Doys Hours Min.
		USUAL OCCUPATION of most of working	(Give kind of work done life even if retire ()	10b. KIND OF BUSINESS O INDUSTRY Farm	R	11. BIRTHPLACE (County	Stote, or foreign country) hester County	12. CITIZEN OF WHAT
	13.	FATHER'S NAME John	WONGU	3.		Lizzie		
	(Yes	WAS DECEASED EVE , no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates of ser NO	vice) 16. SOCIAL SECURITY N 216 - P2 - 195		Mrs. Irene	Addres Pinder, Vienna	
		IB. CAUSE OF DE PART I. DEAT	ATH (Enter only one couse p TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (o), (b), ond (c).) Adenocarcin	oma of	stomach wit	ch wide spread	ONSET AND DEATH
	П	151X	DUE TO				metastas	ses
		Conditions, if ony,						
		rise to immediat	e couse (o), ( DUE TO					
		last.	(c)_					
2	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE COM	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO 🔀
	CERTIFICATION		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	205, DESCRIBE HOW INJUR	Y OCCURRED.	(Enter noture of injury in	Port 1 or Port II of item 18.)	
	MEDICAL	Hour o.r	n. 19	20d. INJURY OCCURRED While Not While of work at work	] fact	CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (State)
		21. I certi	<b>fy</b> that (I) (this haspita eceased alive an <u>Ma</u> :	ol) attended the decease	sed from _, and tha	March 28 , I t death accurred at	9 67, to <u>March 3</u> 9:45AM, from couses of	1, 19 <u>67</u> that (I) (we) last and on the date stated obove.
		28d. SIGNATURE	es TWU	maco	M.	1 444.44	MED. STAFF DIRECTOR PHYS.	
1		22% PHYSICIAN'S NAME (Type	Charles	H. Winnacott,	M. D.	Deer's	Head State Hos	p., Salisbury, Md
	230	BURIAL, CREMATIC	4				23d. LOCATION (City or Tow	
	2,4	FUNERAL DIRECTO	7 - 7 -	ADDRESS	Roads	Cemetery 250, RECT	Near Vienna	SISTRAR'S SIGNATURE
	17	rumst	Transie	Home To	00	mol DATAP		lianles Judge
10		- Jones	of the state of	vinc of seren	carmy	-///6/ DAIL		- 1 0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician. VR A15 (4 20 M 1/66

